



General Assembly

February Session, 2010

***Raised Bill No. 5447***

LCO No. 1745

\*01745\_\_\_\_\_PH\_\*

Referred to Committee on Public Health

Introduced by:  
(PH)

***AN ACT CONCERNING THE CERTIFICATE OF NEED PROCESS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-630 of the 2010 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective October 1, 2010*):

4 As used in this chapter, unless the context otherwise requires:

5 [(1) "Health care facility or institution" means any facility or  
6 institution engaged primarily in providing services for the prevention,  
7 diagnosis or treatment of human health conditions, including, but not  
8 limited to: Outpatient clinics; outpatient surgical facilities; imaging  
9 centers; home health agencies and mobile field hospitals, as defined in  
10 section 19a-490; clinical laboratory or central service facilities serving  
11 one or more health care facilities, practitioners or institutions;  
12 hospitals; nursing homes; rest homes; nonprofit health centers;  
13 diagnostic and treatment facilities; rehabilitation facilities; and mental  
14 health facilities. "Health care facility or institution" includes any parent  
15 company, subsidiary, affiliate or joint venture, or any combination  
16 thereof, of any such facility or institution, but does not include any

17 health care facility operated by a nonprofit educational institution  
18 solely for the students, faculty and staff of such institution and their  
19 dependents, or any Christian Science sanatorium operated, or listed  
20 and certified, by the First Church of Christ, Scientist, Boston,  
21 Massachusetts.

22 (2) "State health care facility or institution" means a hospital or other  
23 such facility or institution operated by the state providing services  
24 which are eligible for reimbursement under Title XVIII or XIX of the  
25 federal Social Security Act, 42 USC Section 301 et seq., as amended.

26 (3) "Office" means the Office of Health Care Access division of the  
27 Department of Public Health.

28 (4) "Commissioner" means the Commissioner of Public Health.

29 (5) "Person" has the meaning assigned to it in section 4-166.]

30 (1) "Affiliate" means a person, entity or organization controlling,  
31 controlled by or under common control with another person, entity or  
32 organization. Affiliate does not include a medical foundation  
33 organized under chapter 594b.

34 (2) "Applicant" means any person or health care facility that applies  
35 for a certificate of need pursuant to section 19a-639a, as amended by  
36 this act.

37 (3) "Bed capacity" means the total number of inpatient beds in a  
38 facility licensed by the Department of Public Health under sections  
39 19a-490 to 19a-503, inclusive, as amended by this act.

40 (4) "Capital expenditure" means an expenditure that under  
41 generally accepted accounting principles consistently applied is not  
42 properly chargeable as an expense of operation or maintenance and  
43 includes acquisition by purchase, transfer, lease or comparable  
44 arrangement, or through donation, if the expenditure would have been  
45 considered a capital expenditure had the acquisition been by purchase.

46       (5) "Certificate of need" means a certificate issued by the office.

47       (6) "Days" means calendar days.

48       (7) "Deputy commissioner" means the deputy commissioner of  
49 Public Health who oversees the Office of Health Care Access division  
50 of the Department of Public Health.

51       (8) "Commissioner" means the Commissioner of Public Health.

52       (9) "Free clinic" means a private, nonprofit community-based  
53 organization that provides medical, dental, pharmaceutical or mental  
54 health services at reduced cost or no cost to low-income, uninsured  
55 and underinsured individuals.

56       (10) "Health care facility" means (A) hospitals licensed by the  
57 Department of Public Health under chapter 368v; (B) specialty  
58 hospitals; (C) freestanding emergency departments; (D) outpatient  
59 surgical facilities, as defined in section 19a-493b, as amended by this  
60 act, and licensed under chapter 368v; (E) a hospital or other facility or  
61 institution operated by the state that provides services that are eligible  
62 for reimbursement under Title XVIII or XIX of the federal Social  
63 Security Act, 42 USC 301, as amended; (F) and any other facility  
64 requiring certificate of need review pursuant to subsection (a) of  
65 section 19a-638, as amended by this act. "Health care facility" includes  
66 any parent company, subsidiary, affiliate or joint venture, or any  
67 combination thereof, of any such facility.

68       (11) "Nonhospital based" means located at a site other than the main  
69 campus of the hospital.

70       (12) "Office" means the Office of Health Care Access division within  
71 the Department of Public Health.

72       (13) "Person" means any individual, partnership, corporation,  
73 limited liability company, association, governmental subdivision,  
74 agency or public or private organization of any character, but does not

75 include the agency conducting the proceeding.

76 (14) "Transfer of ownership" means a transfer that impacts or  
77 changes the governance or controlling body of a health care facility or  
78 institution, including, but not limited to, all affiliations, mergers or any  
79 sale or transfer of net assets of a health care facility.

80 Sec. 2. Section 19a-630a of the 2010 supplement to the general  
81 statutes is repealed and the following is substituted in lieu thereof  
82 (*Effective October 1, 2010*):

83 [As used in sections 19a-638 to 19-639c, inclusive, "affiliate" means a  
84 person, entity or organization controlling, controlled by or under  
85 common control with another person, entity or organization. In  
86 addition to other means of being controlled, a person] For purposes of  
87 this chapter, an affiliate is deemed controlled by another person if the  
88 other person, or one of that other person's affiliates, officers or  
89 management employees, acting in such capacity, acts as a general  
90 partner of a general or limited partnership or manager of a limited  
91 liability company. ["Affiliate" does not include a medical foundation  
92 organized under sections 33-182aa to 33-182ff, inclusive.]

93 Sec. 3. Section 19a-634 of the 2010 supplement to the general statutes  
94 is repealed and the following is substituted in lieu thereof (*Effective*  
95 *October 1, 2010*):

96 (a) The Office of Health Care Access shall conduct, on an annual  
97 basis, a state-wide health care facility utilization study. Such study  
98 shall include, but not be limited to, an assessment of: (1) Current  
99 availability and utilization of acute hospital care, hospital emergency  
100 care, specialty hospital care, outpatient surgical care, primary care and  
101 clinic care; (2) geographic areas and subpopulations that may be  
102 underserved or have reduced access to specific types of health care  
103 services; and (3) other factors that the office deems pertinent to health  
104 care facility utilization. Not later than June thirtieth of each year, the  
105 Commissioner of Public Health shall report, in accordance with section

11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the findings of the study. Such report may also include the office's recommendations for addressing identified gaps in the provision of health care services and recommendations concerning a lack of access to health care services.

(b) The office, in consultation with such other state agencies as the Commissioner of Public Health deems appropriate, shall establish and maintain a state-wide health care facilities and services plan. Such plan may include, but not be limited to: (1) An assessment of the availability of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care, and clinic care; (2) an evaluation of the unmet needs of persons at risk and vulnerable populations as determined by the commissioner; (3) a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and (4) recommendations for the expansion, reduction or modification of health care facilities or services. In the development of the plan, the office shall consider the recommendations of any advisory bodies which may be established by the commissioner. The commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies based on best practices or evidence-based research. The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning. The office shall update the state-wide health care facilities and services plan on or before July 1, 2012, and every five years thereafter. [Said plan shall be considered part of the state health plan for purposes of office deliberations pursuant to section 19a-637.]

(c) For purposes of conducting the state-wide health care facility utilization study and preparing the state-wide health care facilities and

139 services plan, the office shall establish and maintain an inventory of all  
140 health care facilities, providers and services in the state, including  
141 health care facilities or providers that are exempt from certificate of  
142 need requirements under subsection (b) of section 19a-638, as amended  
143 by this act. The office shall develop an inventory questionnaire  
144 containing uniform reporting requirements that shall be completed  
145 biennially by health care facilities and providers.

146       Sec. 4. Section 19a-637 of the 2010 supplement to the general statutes  
147 is repealed and the following is substituted in lieu thereof (*Effective*  
148 *October 1, 2010*):

149       [(a) In any of its deliberations involving a proposal, request or  
150 submission regarding (1) services provided by a health care facility or  
151 institution under section 19a-638; (2) capital expenditures by a health  
152 care facility under section 19a-639; and (3) the acquisition of equipment  
153 by a person, provider, health care facility or institution under section  
154 19a-639, the office shall take into consideration and make written  
155 findings concerning each of the following principles and guidelines:  
156 The relationship of the proposal, request or submission to the state  
157 health plan pursuant to section 19a-7; the relationship of the proposal,  
158 request or submission to the applicant's long-range plan; the financial  
159 feasibility of the proposal, request or submission and its impact on the  
160 applicant's rates and financial condition; the impact of such proposal,  
161 request or submission on the interests of consumers of health care  
162 services and the payers for such services; the contribution of such  
163 proposal, request or submission to the quality, accessibility and cost-  
164 effectiveness of health care delivery in the region; whether there is a  
165 clear public need for any proposal or request; whether the health care  
166 facility or institution is competent to provide efficient and adequate  
167 service to the public in that such health care facility or institution is  
168 technically, financially and managerially expert and efficient; that rates  
169 be sufficient to allow the health care facility or institution to cover its  
170 reasonable capital and operating costs; the relationship of any  
171 proposed change to the applicant's current utilization statistics; the

172 teaching and research responsibilities of the applicant; the special  
 173 characteristics of the patient-physician mix of the applicant; the  
 174 voluntary efforts of the applicant in improving productivity and  
 175 containing costs; and any other factors which the office deems  
 176 relevant, including, in the case of a facility or institution as defined in  
 177 subsection (c) of section 19a-490, such factors as, but not limited to, the  
 178 business interests of all owners, partners, associates, incorporators,  
 179 directors, sponsors, stockholders and operators and the personal  
 180 backgrounds of such persons. Whenever the granting, modification or  
 181 denial of a request is inconsistent with the state health plan, a written  
 182 explanation of the reasons for the inconsistency shall be included in  
 183 the decision.

184 (b) Any data submitted to or obtained or compiled by the office  
 185 with respect to its deliberations under sections 19a-637 to 19a-639e,  
 186 inclusive, with respect to nursing homes, licensed under chapter 368v,  
 187 shall be made available to the Department of Public Health.

188 (c) Notwithstanding the provisions of subsection (a) of this section,  
 189 the office shall not direct or control the use of the following resources  
 190 of any hospital: The principal and all income from restricted and  
 191 unrestricted grants, gifts, contributions, bequests and endowments.]

192 The office shall promote effective health planning in the state. In  
 193 carrying out its assigned duties, the office shall promote the provision  
 194 of quality health care in a manner that ensures access for all state  
 195 residents to cost-effective services so as to avoid duplication of health  
 196 services and improve the availability and financial stability of health  
 197 care services throughout the state.

198 Sec. 5. Section 19a-638 of the 2010 supplement to the general statutes  
 199 is repealed and the following is substituted in lieu thereof (*Effective*  
 200 *October 1, 2010*):

201 [(a) Except as provided in sections 19a-487a and 19a-639a to 19a-  
 202 639c, inclusive:

203 (1) Each health care facility or institution, that intends to (A) transfer  
204 its ownership or control, (B) change the governing powers of the board  
205 of a parent company or an affiliate, whatever its designation, or (C)  
206 change or transfer the powers or control of a governing or controlling  
207 body of an affiliate, shall submit to the office, prior to the proposed  
208 date of such transfer, or change, a request for permission to undertake  
209 such transfer or change. For purposes of this section and section 19a-  
210 639b, "transfer its ownership or control" means a transfer that impacts  
211 or changes the governance or controlling body of a health care facility  
212 or institution, including, but not limited to, all affiliations, mergers or  
213 any sale or transfer of net assets of a health care facility or institution.

214 (2) Each health care facility or institution or state health care facility  
215 or institution, including any inpatient rehabilitation facility, which  
216 intends to introduce any additional function or service into its  
217 program of health care shall submit to the office, prior to the proposed  
218 date of the institution of such function or service, a request for  
219 permission to undertake such function or service.

220 (3) Each health care facility or institution or state health care facility  
221 or institution which intends to terminate a health service offered by  
222 such facility or institution or reduce substantially its total bed capacity,  
223 shall submit to the office, prior to the proposed date of such  
224 termination or decrease, a request to undertake such termination or  
225 decrease.

226 (4) Except as provided in sections 19a-639a to 19a-639c, inclusive,  
227 each applicant, prior to submitting a certificate of need application  
228 under this section or section 19a-639, or under both sections, shall  
229 submit a request, in writing, for application forms and instructions to  
230 the office. The request shall be known as a letter of intent. A letter of  
231 intent shall include: (A) The name of the applicant or applicants; (B) a  
232 statement indicating whether the application is for (i) a new,  
233 replacement or additional facility, service or function, (ii) the  
234 expansion or relocation of an existing facility, service or function, (iii) a



235 transfer of its ownership or control, (iv) a termination of a service or a  
236 reduction in total bed capacity and the bed type, (v) any new or  
237 additional beds and their type, (vi) a capital expenditure over three  
238 million dollars, (vii) the purchase, lease or donation acceptance of  
239 major medical equipment costing over three million dollars, (viii) a CT  
240 scanner, PET scanner, PET/CT scanner or MRI scanner, a linear  
241 accelerator or other similar equipment utilizing technology that is new  
242 or being introduced into the state, or (ix) any combination thereof; (C)  
243 the estimated capital cost, value or expenditure; (D) the town where  
244 the project is or will be located; and (E) a brief description of the  
245 proposed project. The office shall provide public notice of any  
246 complete letter of intent submitted under this section or section 19a-  
247 639, or both, by publication in a newspaper having a substantial  
248 circulation in the area served or to be served by the applicant. Such  
249 notice shall be submitted for publication not later than twenty-one  
250 days after the date the office determines that a letter of intent is  
251 complete. No certificate of need application will be considered  
252 submitted to the office unless a current letter of intent, specific to the  
253 proposal and in compliance with this subsection, has been on file with  
254 the office for not less than sixty days. A current letter of intent is a  
255 letter of intent that has been on file at the office up to and including  
256 one hundred twenty days, except that an applicant may request a one-  
257 time extension of a letter of intent of up to an additional thirty days for  
258 a maximum total of up to one hundred fifty days if, prior to the  
259 expiration of the current letter of intent, the office receives a written  
260 request to so extend the letter of intent's current status. The extension  
261 request shall fully explain why an extension is requested. The office  
262 shall accept or reject the extension request not later than seven days  
263 from the date the office receives such request and shall so notify the  
264 applicant.

265 (b) The office shall make such review of a request made pursuant to  
266 subdivision (1), (2) or (3) of subsection (a) of this section as it deems  
267 necessary. In the case of a health care facility or institution that intends  
268 to transfer its ownership or control, the review shall include, but not be

269 limited to, the financial responsibility and business interests of the  
270 transferee and the ability of the institution to continue to provide  
271 needed services or, in the case of the introduction of a new or  
272 additional function or service expansion or the termination of a service  
273 or function, ascertaining the availability of such service or function at  
274 other inpatient rehabilitation facilities, health care facilities or  
275 institutions or state health care facilities or institutions or other  
276 providers within the area to be served, the need for such service or  
277 function within such area and any other factors which the office deems  
278 relevant to a determination of whether the facility or institution is  
279 justified in introducing or terminating such functions or services into  
280 or from its program. The office shall grant, modify or deny such  
281 request no later than ninety days after the date of receipt of a complete  
282 application, except as provided for in this section. Upon the request of  
283 the applicant, the review period may be extended for an additional  
284 fifteen days if the office has requested additional information  
285 subsequent to the commencement of the review period. The  
286 commissioner, or the commissioner's designee, may extend the review  
287 period for a maximum of thirty days if the applicant has not filed in a  
288 timely manner information deemed necessary by the office. Failure of  
289 the office to act on such request within such review period shall be  
290 deemed approval thereof. The ninety-day review period, pursuant to  
291 this subsection, for an application filed by a hospital, as defined in  
292 section 19a-490, and licensed as a short-term acute-care general  
293 hospital or children's hospital by the Department of Public Health or  
294 an affiliate of such a hospital or any combination thereof, shall not  
295 apply if, in the certificate of need application or request, the hospital or  
296 applicant projects either (1) that, for the first three years of operation  
297 taken together, the total impact of the proposal on the operating  
298 budget of the hospital or an affiliate of such a hospital or any  
299 combination thereof will exceed one per cent of the actual operating  
300 expenses of the hospital for the most recently completed fiscal year as  
301 filed with or determined by the office, or (2) that the total capital  
302 expenditure for the project will exceed fifteen million dollars. If the

303 office determines that an application is not subject to the ninety-day  
304 review period pursuant to this subsection, it shall remain so excluded  
305 for the entire review period of that application, even if the application  
306 or circumstances change and the application no longer meets the stated  
307 terms of the exclusion. Upon a showing by such facility or institution  
308 that the need for such function or service or termination or transfer of  
309 its ownership or control is of an emergency nature, in that the function,  
310 service or termination or transfer of its ownership or control is  
311 necessary to maintain continued access to the health care services  
312 provided by the facility or institution, or to comply with requirements  
313 of any federal, state or local health, fire, building or life safety code, the  
314 commissioner, or the commissioner's designee, may waive the letter of  
315 intent requirement, provided such request shall be submitted not less  
316 than fourteen days before the proposed date of institution of the  
317 function, service or termination or transfer of its ownership or control.

318 (c) (1) The office may hold a public hearing with respect to any  
319 complete certificate of need application submitted under this section.  
320 At least two weeks' notice of such public hearing shall be given to the  
321 applicant, in writing, and to the public by publication in a newspaper  
322 having a substantial circulation in the area served by the facility,  
323 institution or provider. At the discretion of the office, such hearing  
324 may be held in Hartford or in the area so served or to be served. In  
325 conducting its activities under this section, section 19a-639, or under  
326 both sections, the office may hold hearings on applications of a similar  
327 nature at the same time.

328 (2) The office may hold a public hearing after consideration of  
329 criteria that include, but need not be limited to, whether the proposal  
330 involves: (A) The provision of a new or additional health care function  
331 or service through the use of technology that is new or being  
332 introduced into the state; (B) the provision of a new or additional  
333 health care function or service that is not provided in either a region  
334 designated by the applicant or in the applicant's existing primary  
335 service area as defined by the office; or (C) the termination of an

336 existing health care function or service, the reduction of total beds or  
337 the closing of a health care facility.

338 (3) The office shall hold a public hearing with respect to any  
339 complete certificate of need application submitted to the office under  
340 this section if (A) three individuals or an individual representing an  
341 entity with five or more people submit a request, in writing, that a  
342 public hearing be held on the proposal after the office has published  
343 notice of a complete letter of intent, and (B) such request is received by  
344 the office not later than twenty-one days after the date that the office  
345 deems the certificate of need application complete.]

346 (a) A certificate of need issued by the office shall be required for:

347 (1) The establishment of a new health care facility;

348 (2) A transfer of ownership of a health care facility;

349 (3) The establishment of a free-standing emergency department;

350 (4) The establishment, expansion or termination by a short-term  
351 acute care general hospital or children's hospital of inpatient and  
352 outpatient behavioral health services, primary care clinics or specialty  
353 clinics;

354 (5) The termination of an emergency department by a short-term  
355 acute care general hospital;

356 (6) The establishment of an outpatient surgical facility, as defined in  
357 section 19a-493b, as amended by this act;

358 (7) An increase in the number of operating rooms in an outpatient  
359 surgical facility, as defined in section 19a-493b, as amended by this act;

360 (8) The establishment of cardiac services, including inpatient and  
361 outpatient cardiac catheterization, interventional cardiology and  
362 cardiovascular surgery;

363     (9) The acquisition of imaging equipment, including computed  
364     tomography scanners, magnetic resonance imaging scanners, positron  
365     emission tomography scanners and positron emission tomography-  
366     computed tomography scanners, by any person, physician or provider  
367     other than a short-term acute care general hospital or children's  
368     hospital;

369     (10) The acquisition of nonhospital based linear accelerators;

370     (11) An increase in the licensed bed capacity of a health care facility;  
371     and

372     (12) The acquisition of equipment utilizing technology that has not  
373     previously been utilized in the state.

374     (b) A certificate of need shall not be required for:

375     (1) Health care facilities owned and operated by the federal  
376     government;

377     (2) The establishment of offices by a licensed private practitioner,  
378     whether for individual or group practice, except when a certificate of  
379     need is required in accordance with the requirements of section 19a-  
380     493b, as amended by this act, or subdivision (9) of subsection (a) of this  
381     section;

382     (3) A health care facility operated by a religious group that  
383     exclusively relies upon spiritual means through prayer for healing;

384     (4) Residential care homes, nursing homes and rest homes, as  
385     defined in subsection (c) of section 19a-490;

386     (5) An assisted living services agency, as defined in section 19a-490;

387     (6) Home health agencies, as defined in section 19a-490;

388     (7) Hospice services, as described in section 19a-122b;

- 389     (8) Outpatient rehabilitation facilities;
- 390     (9) Outpatient chronic dialysis services;
- 391     (10) Transplant services;
- 392     (11) Free clinics, as defined in section 19a-630, as amended by this  
393     act;
- 394     (12) School-based health centers, community health centers, as  
395     defined in section 19a-490a, and federally qualified health centers;
- 396     (13) Mental health and substance abuse providers not affiliated with  
397     a health care facility;
- 398     (14) A health care facility operated by a nonprofit educational  
399     institution exclusively for students, faculty and staff of such institution  
400     and their dependents;
- 401     (15) An outpatient clinic or program operated exclusively by or  
402     contracted to be operated exclusively by a municipality, municipal  
403     agency, municipal board of education or a health district, as described  
404     in section 19a-241;
- 405     (16) Replacement of existing imaging equipment, irrespective of  
406     whether such equipment was acquired through certificate of need  
407     approval or a certificate of need determination, provided a health care  
408     facility, provider, physician or person notifies the office of the date on  
409     which the equipment is replaced and the disposition of the replaced  
410     equipment;
- 411     (17) Acquisition of cone-beam dental imaging equipment by a  
412     dentist licensed pursuant to chapter 379;
- 413     (18) The termination of inpatient or outpatient services offered by a  
414     hospital, except as provided in subdivision (4) of subsection (a) of this  
415     section and section 19a-639e, as amended by this act;

416     (19) The partial or total elimination of services provided by an  
417     outpatient surgical facility, as defined in section 19a-493b, as amended  
418     by this act, except as provided in section 19a-639e, as amended by this  
419     act; or

420     (20) The termination of services for which the Department of Public  
421     Health has requested the facility to relinquish its license.

422     (c) If a person, health care facility or institution (1) proposes to  
423     relocate a facility, or (2) is unsure whether a certificate of need is  
424     required under this section, such person, health care facility or  
425     institution shall send a letter to the office that describes the project and  
426     requests that the office make a determination as to whether a certificate  
427     of need is required. In the case of a relocation, the letter shall include  
428     information described in section 19a-639c, as amended by this act. A  
429     person, health care facility or institution making such request shall  
430     provide the office with any information the office requests as part of its  
431     determination process.

432     Sec. 6. Section 19a-639 of the 2010 supplement to the general statutes  
433     is repealed and the following is substituted in lieu thereof (*Effective*  
434     *October 1, 2010*):

435     [(a) Except as provided in sections 19a-639a to 19a-639c, inclusive,  
436     each health care facility or institution, including, but not limited to,  
437     any inpatient rehabilitation facility, any health care facility or  
438     institution or any state health care facility or institution proposing (1) a  
439     capital expenditure exceeding three million dollars, (2) to purchase,  
440     lease or accept donation of major medical equipment requiring a  
441     capital expenditure, as defined in regulations adopted pursuant to  
442     section 19a-643, in excess of three million dollars, or (3) to purchase,  
443     lease or accept donation of a CT scanner, PET scanner, PET/CT  
444     scanner or MRI scanner, a linear accelerator or other similar equipment  
445     utilizing technology that is new or being introduced into this state,  
446     including the purchase, lease or donation of equipment or a facility,  
447     shall submit a request for approval of such expenditure to the office,

448 with such data, information and plans as the office requires in advance  
449 of the proposed initiation date of such project.

450 (b) (1) The commissioner, or the commissioner's designee, shall  
451 notify the Commissioner of Social Services of any certificate of need  
452 request that may impact expenditures under the state medical  
453 assistance program. The office shall consider such request in relation to  
454 the community or regional need for such capital program or purchase  
455 of land, the possible effect on the operating costs of the health care  
456 facility or institution and such other relevant factors as the office  
457 deems necessary. In approving or modifying such request, the  
458 commissioner, or the commissioner's designee, may not prescribe any  
459 condition, such as but not limited to, any condition or limitation on the  
460 indebtedness of the facility or institution in connection with a bond  
461 issue, the principal amount of any bond issue or any other details or  
462 particulars related to the financing of such capital expenditure, not  
463 directly related to the scope of such capital program and within control  
464 of the facility or institution.

465 (2) An applicant, prior to submitting a certificate of need  
466 application, shall submit a request, in writing, for application forms  
467 and instructions to the office. The request shall be known as a letter of  
468 intent. A letter of intent shall conform to the letter of intent  
469 requirements of subdivision (4) of subsection (a) of section 19a-638. No  
470 certificate of need application will be considered submitted to the  
471 office unless a current letter of intent, specific to the proposal and in  
472 compliance with this subsection, is on file with the office for not less  
473 than sixty days. A current letter of intent is a letter of intent that has  
474 been on file at the office no more than one hundred twenty days,  
475 except that an applicant may request a one-time extension of a letter of  
476 intent of not more than an additional thirty days for a maximum total  
477 of not more than one hundred fifty days if, prior to the expiration of  
478 the current letter of intent, the office receives a written request to so  
479 extend the letter of intent's current status. The extension request shall  
480 fully explain why an extension is requested. The office shall accept or



481 reject the extension request not later than seven days from the date the  
482 office receives the extension request and shall so notify the applicant.  
483 Upon a showing by such facility or institution that the need for such  
484 capital program is of an emergency nature, in that the capital  
485 expenditure is necessary to maintain continued access to the health  
486 care services provided by the facility or institution, or to comply with  
487 any federal, state or local health, fire, building or life safety code, the  
488 commissioner, or the commissioner's designee, may waive the letter of  
489 intent requirement, provided such request shall be submitted not less  
490 than fourteen days before the proposed initiation date of the project.  
491 The commissioner, or the commissioner's designee, shall grant, modify  
492 or deny such request not later than ninety days or not later than  
493 fourteen days, as the case may be, after receipt of such request, except  
494 as provided for in this section. Upon the request of the applicant, the  
495 review period may be extended for an additional fifteen days if the  
496 office has requested additional information subsequent to the  
497 commencement of the review period. The commissioner, or the  
498 commissioner's designee, may extend the review period for a  
499 maximum of thirty days if the applicant has not filed, in a timely  
500 manner, information deemed necessary by the office. Failure of the  
501 office to act upon such request within such review period shall be  
502 deemed approval of such request. The ninety-day review period,  
503 pursuant to this section, for an application filed by a hospital, as  
504 defined in section 19a-490, and licensed as a short-term acute care  
505 general hospital or a children's hospital by the Department of Public  
506 Health or an affiliate of such a hospital or any combination thereof,  
507 shall not apply if, in the certificate of need application or request, the  
508 hospital or applicant projects either (A) that, for the first three years of  
509 operation taken together, the total impact of the proposal on the  
510 operating budget of the hospital or an affiliate or any combination  
511 thereof will exceed one per cent of the actual operating expenses of the  
512 hospital for the most recently completed fiscal year as filed with the  
513 office, or (B) that the total capital expenditure for the project will  
514 exceed fifteen million dollars. If the office determines that an

515 application is not subject to the ninety-day review period pursuant to  
516 this subsection, it shall remain so excluded for the entire period of that  
517 application, even if the application or circumstances change and the  
518 application no longer meets the stated terms of the exclusion. The  
519 Department of Public Health shall adopt regulations, in accordance  
520 with chapter 54, to establish an expedited hearing process to be used to  
521 review requests by any facility or institution for approval of a capital  
522 expenditure to establish an energy conservation program or to comply  
523 with requirements of any federal, state or local health, fire, building or  
524 life safety code or final court order. The Department of Public Health  
525 shall adopt regulations in accordance with the provisions of chapter 54  
526 to provide for the waiver of a hearing for any part of a request by a  
527 facility or institution for a capital expenditure, provided such facility  
528 or institution and the office agree upon such waiver.

529 (3) The office shall comply with the public notice provisions of  
530 subdivision (4) of subsection (a) of section 19a-638, and shall hold a  
531 public hearing with respect to any complete certificate of need  
532 application filed under this section, if: (A) The proposal has associated  
533 total capital expenditures or total capital costs that exceed twenty  
534 million dollars for land, building or nonclinical equipment acquisition,  
535 new building construction or building renovation; (B) the proposal has  
536 associated total capital expenditures per unit or total capital costs per  
537 unit that exceed three million dollars for the purchase, lease or  
538 donation acceptance of major medical equipment; (C) the proposal is  
539 for the purchase, lease or donation acceptance of equipment utilizing  
540 technology that is new or being introduced into the state, including  
541 scanning equipment, a linear accelerator or other similar equipment; or  
542 (D) three individuals or an individual representing an entity  
543 comprised of five or more people submit a request, in writing, that a  
544 public hearing be held on the proposal and such request is received by  
545 the office not later than twenty-one days after the office deems the  
546 certificate of need application complete. At least two weeks' notice of  
547 such public hearing shall be given to the applicant, in writing, and to  
548 the public by publication in a newspaper having a substantial

549 circulation in the area served by the applicant. At the discretion of the  
550 office, such hearing shall be held in Hartford or in the area so served or  
551 to be served.

552 (c) Each person or provider, other than a health care or state health  
553 care facility or institution subject to subsection (a) of this section,  
554 proposing to purchase, lease, accept donation of or replace (1) major  
555 medical equipment with a capital expenditure in excess of three  
556 million dollars, or (2) a CT scanner, PET scanner, PET/CT scanner or  
557 MRI scanner, a linear accelerator or other similar equipment utilizing  
558 technology that is new or being introduced into the state, shall submit  
559 a request for approval of any such purchase, lease, donation or  
560 replacement pursuant to the provisions of subsection (a) of this section.  
561 In determining the capital cost or expenditure for an application under  
562 this section or section 19a-638, the office shall use the greater of (A) the  
563 fair market value of the equipment as if it were to be used for full-time  
564 operation, whether or not the equipment is to be used, shared or  
565 rented on a part-time basis, or (B) the total value or estimated value  
566 determined by the office of any capitalized lease computed for a three-  
567 year period. Each method shall include the costs of any service or  
568 financing agreements plus any other cost components or items the  
569 office specifies in regulations, adopted in accordance with chapter 54,  
570 or deems appropriate.

571 (d) Notwithstanding the provisions of section 19a-638 or subsection  
572 (a) of this section, no community health center, as defined in section  
573 19a-490a, shall be subject to the provisions of said section 19a-638 or  
574 subsection (a) of this section if the community health center is: (1)  
575 Proposing a capital expenditure not exceeding three million dollars; (2)  
576 exclusively providing primary care or dental services; and (3) either  
577 (A) financing one-third or more of the cost of the proposed project  
578 with moneys provided by the state of Connecticut, (B) receiving funds  
579 from the Department of Public Health for the proposed project, or (C)  
580 locating the proposed project in an area designated by the federal  
581 Health Resources and Services Administration as a health professional

582 shortage area, a medically underserved area or an area with a  
583 medically underserved population. Each community health center  
584 seeking an exemption under this subsection shall provide the office  
585 with documentation verifying to the satisfaction of the office,  
586 qualification for this exemption. Each community health center  
587 proposing to provide any service other than a primary care or dental  
588 service at any location, including a designated community health  
589 center location, shall first obtain a certificate of need for such  
590 additional service in accordance with this section and section 19a-638.  
591 Each satellite, subsidiary or affiliate of a federally qualified health  
592 center, in order to qualify under this exemption, shall: (i) Be part of a  
593 federally qualified health center that meets the requirements of this  
594 subsection; (ii) exclusively provide primary care or dental services; and  
595 (iii) be located in a health professional shortage area or a medically  
596 underserved area. If the subsidiary, satellite or affiliate does not so  
597 qualify, it shall obtain a certificate of need.

598 (e) Notwithstanding the provisions of section 19a-638, subsection (a)  
599 of section 19a-639a or subsection (a) of this section, no school-based  
600 health care center shall be subject to the provisions of section 19a-638  
601 or subsection (a) of this section if the center: (1) Is or will be licensed by  
602 the Department of Public Health as an outpatient clinic; (2) proposes  
603 capital expenditures not exceeding three million dollars and does not  
604 exceed such amount; (3) once operational, continues to operate and  
605 provide services in accordance with the department's licensing  
606 standards for comprehensive school-based health centers; and (4) is or  
607 will be located entirely on the property of a functioning school.

608 (f) In conducting its activities under this section or section 19a-638,  
609 or under both sections, the office may hold hearings on applications of  
610 a similar nature at the same time.]

611 (a) The office shall review all certificate of need applications  
612 utilizing the criteria prescribed in this section. The office shall  
613 determine whether an application is consistent with, or in conflict

614 with, such criteria prior to issuing a certificate of need for a proposed  
615 project. In making such determinations, the office shall consider:

616 (1) Whether the proposed project is consistent with any applicable  
617 policies and standards adopted in regulations by the office or in the  
618 state-wide health care facilities and services plan;

619 (2) Whether there is a clear community need for the health care  
620 facility or services proposed by the applicant;

621 (3) Whether the applicant has satisfactorily demonstrated how the  
622 proposal will add to the financial strength of the health care system in  
623 the state;

624 (4) Whether the applicant has satisfactorily demonstrated how the  
625 proposal will improve quality and safety, including, but not limited to,  
626 infrastructure development such as entity collaboration, information  
627 technology interoperability and benefits reimbursement structure;

628 (5) The applicant's past and proposed provision of health care  
629 services to Medicaid patients and the medically indigent;

630 (6) Whether the applicant has satisfactorily identified the population  
631 to be served by the proposed project and satisfactorily demonstrated  
632 that the identified population has a need for the proposed services;

633 (7) The utilization of existing health care facilities and health care  
634 services in the service area of the applicant; and

635 (8) Whether the applicant has satisfactorily demonstrated that the  
636 proposed project shall not result in an unnecessary duplication of  
637 existing or approved health care services or facilities.

638 (b) The office, as it deems necessary, may revise or supplement  
639 through regulation or in the state-wide health care facilities and  
640 services plan the certificate of need review criteria prescribed in  
641 subsection (a) of this section.

642       Sec. 7. Section 19a-639a of the 2010 supplement to the general  
643 statutes is repealed and the following is substituted in lieu thereof  
644 (*Effective October 1, 2010*):

645       [(a) Except as provided in subsection (c) of section 19a-639, or as  
646 required in subsection (b) of this section, the provisions of section 19a-  
647 638 and subsection (a) of section 19a-639 shall not apply to: (1) An  
648 outpatient clinic or program operated exclusively by, or contracted to  
649 be operated exclusively for, a municipality or municipal agency, a  
650 health district, as defined in section 19a-240, or a board of education;  
651 (2) a residential facility for the mentally retarded licensed pursuant to  
652 section 17a-227 and certified to participate in the Title XIX Medicaid  
653 program as an intermediate care facility for the mentally retarded; (3)  
654 an outpatient rehabilitation service agency that was in operation on  
655 January 1, 1998, that is operated exclusively on an outpatient basis and  
656 that is eligible to receive reimbursement under section 17b-243; (4) a  
657 clinical laboratory; (5) an assisted living services agency; (6) an  
658 outpatient service offering chronic dialysis; (7) a program of  
659 ambulatory services established and conducted by a health  
660 maintenance organization; (8) a home health agency; (9) a clinic  
661 operated by the AmeriCares Foundation; (10) a nursing home; (11) a  
662 rest home; or (12) a program licensed or funded by the Department of  
663 Children and Families, provided such program is not a psychiatric  
664 residential treatment facility, as defined in 42 CFR 483.352. The  
665 exemptions provided in this section shall not apply when a nursing  
666 home or rest home is, or will be created, acquired, operated or in any  
667 other way related to or affiliated with, or under the complete or partial  
668 ownership or control of a facility or institution or affiliate subject to the  
669 provisions of section 19a-638 or subsection (a) of section 19a-639.

670       (b) Each health care facility or institution exempted under this  
671 section shall register with the office by filing the information required  
672 by subdivision (4) of subsection (a) of section 19a-638 for a letter of  
673 intent at least fourteen days but not more than sixty calendar days  
674 prior to commencing operations and prior to changing, expanding,

675 terminating or relocating any facility or service otherwise covered by  
676 section 19a-638 or subsection (a) of section 19a-639, or covered by both  
677 sections or subsections, except that, if the facility or institution is in  
678 operation on June 5, 1998, said information shall be filed not more than  
679 sixty days after said date. Not later than fourteen days after the date  
680 that the office receives a completed filing required under this  
681 subsection, the office shall provide the health care facility or institution  
682 with written acknowledgment of receipt. Such acknowledgment shall  
683 constitute permission to operate or change, expand, terminate or  
684 relocate such a facility or institution or to make an expenditure  
685 consistent with an authorization received under subsection (a) of  
686 section 19a-639 until the next September thirtieth. Each entity  
687 exempted under this section shall renew its exemption by filing  
688 current information once every two years in September.

689 (c) Each health care facility, institution or provider that proposes to  
690 purchase, lease or accept donation of a CT scanner, PET scanner,  
691 PET/CT scanner or MRI scanner or a linear accelerator shall be exempt  
692 from certificate of need review pursuant to sections 19a-638 and 19a-  
693 639 if such facility, institution or provider (1) provides to the office  
694 satisfactory evidence that it purchased or leased such equipment for  
695 under four hundred thousand dollars on or before July 1, 2005, and  
696 such equipment was in operation on or before July 1, 2006, or (2)  
697 obtained, on or before July 1, 2005, from the office, a certificate of need  
698 or a determination that a certificate of need was not required for the  
699 purchase, lease or donation acceptance of such equipment.

700 (d) The Office of Health Care Access shall, in its discretion, exempt  
701 from certificate of need review pursuant to sections 19a-638 and 19a-  
702 639 any health care facility or institution that proposes to purchase or  
703 operate an electronic medical records system on or after October 1,  
704 2005.

705 (e) Each health care facility or institution that proposes a capital  
706 expenditure for parking lots and garages, information and

707 communications systems, physician and administrative office space,  
708 acquisition of land for nonclinical purposes, and acquisition and  
709 replacement of nonmedical equipment, including, but not limited to,  
710 boilers, chillers, heating ventilation and air conditioning systems, shall  
711 be exempt for such capital expenditure from certificate of need review  
712 under subsection (a) of section 19a-639, provided (1) the health care  
713 facility or institution submits information to the office regarding the  
714 type of capital expenditure, the reason for the capital expenditure, the  
715 total cost of the project and any other information which the office  
716 deems necessary; and (2) the total capital expenditure does not exceed  
717 twenty million dollars. Approval of a health care facility's or  
718 institution's proposal for acquisition of land for nonclinical purposes  
719 shall not exempt such facility or institution from compliance with any  
720 of the certificate of need requirements prescribed in this chapter if such  
721 facility or institution subsequently seeks to develop the land that was  
722 acquired for nonclinical purposes.

723 (f) Each short-term acute care general or children's hospital, chronic  
724 disease hospital or hospital for the mentally ill that on July 1, 2009, is  
725 providing outpatient services, including, but not limited to, physical  
726 therapy, occupational therapy, speech therapy, cardiac rehabilitation,  
727 occupational injury management, occupational disease management  
728 and company contracted services that thereafter proposes to provide  
729 such services at an alternative location within the primary services  
730 area of the health care facility or institution, shall be exempt from the  
731 certificate of need requirements prescribed in subsection (a) of section  
732 19a-638 as relates to any such proposal to provide such services at an  
733 alternative location, provided the short-term acute care general or  
734 children's hospital, chronic disease hospital or hospital for the mentally  
735 ill submits information to the office concerning the type of outpatient  
736 services such hospital proposes to provide at the alternative location,  
737 the location where such services will be provided and the reasons for  
738 the proposal to provide such services at an alternative location.]

739 (a) An application for a certificate of need shall be filed with the



740 office in accordance with the provisions of this section and any  
741 regulations adopted by the office. The application shall address the  
742 criteria set forth in (1) subsection (a) of section 19a-639, as amended by  
743 this act, (2) regulations adopted by the office, and (3) the state-wide  
744 health care facilities and services plan. The applicant shall include with  
745 the application a nonrefundable application fee of five hundred  
746 dollars.

747 (b) Not later than twenty days prior to the date that the applicant  
748 submits the certificate of need application to the office, the applicant  
749 shall publish notice that an application is to be submitted to the office  
750 in a newspaper having a substantial circulation in the area where the  
751 project is to be located. Such notice shall be published for not less than  
752 three consecutive days and shall contain a brief description of the  
753 nature of the project and the street address where the project is to be  
754 located. The office shall not accept the applicant's certificate of need  
755 application for filing unless the application is accompanied by the  
756 application fee prescribed in subsection (a) of this section and proof of  
757 compliance with the publication requirements prescribed in this  
758 subsection.

759 (c) Not later than five business days after receipt of a properly filed  
760 certificate of need application, the office shall publish notice of the  
761 application on its web site and with the office of the Secretary of the  
762 State. Not later than thirty days after the date of filing of the  
763 application, the office may request such additional information as the  
764 office determines necessary to complete the application. The applicant  
765 shall, not later than sixty days after the date of the office's request,  
766 submit the requested information to the office. If an applicant fails to  
767 submit the requested information to the office within the sixty-day  
768 period, the office shall consider the application to have been  
769 withdrawn.

770 (d) Upon determining that an application is complete, the office  
771 shall provide notice of this determination to the applicant and to the

772 public in accordance with regulations adopted by the office. In  
 773 addition, the office shall post such notice on its web site. The date on  
 774 which the office posts such notice on its web site shall begin the review  
 775 period. Except as provided in this subsection, (1) the review period for  
 776 a completed application shall be ninety days from the date on which  
 777 the office posts such notice on its web site; and (2) the office shall issue  
 778 a decision on a completed application prior to the expiration of the  
 779 ninety-day review period. Upon request or for good cause shown, the  
 780 office may extend the review period for a period of time not to exceed  
 781 sixty days. If the review period is extended, the office shall issue a  
 782 decision on the completed application prior to the expiration of the  
 783 extended review period. If the office has determined that it will hold a  
 784 public hearing concerning a completed application in accordance with  
 785 subsection (e) of this section, the office shall issue a decision on the  
 786 completed application not later than sixty days after the date of the  
 787 public hearing.

788 (e) The office, in its discretion, may hold a public hearing on a  
 789 properly filed and completed certificate of need application. Any  
 790 request for a public hearing shall be made to the office not later than  
 791 thirty days after the date the office determines the application to be  
 792 complete. When determining whether or not to hold a public hearing  
 793 on an application, the office shall give due consideration to the level of  
 794 public response to the application, the public's ability to otherwise  
 795 comment and offer opinions on the application and the office's need  
 796 for additional information concerning the application.

797 Sec. 8. Section 19a-639b of the 2010 supplement to the general  
 798 statutes is repealed and the following is substituted in lieu thereof  
 799 (*Effective October 1, 2010*):

800 [(a) The Commissioner of Public Health or the commissioner's  
 801 designee may grant an exemption from the requirements of section  
 802 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit  
 803 facility, institution or provider that is currently under contract with a

804 state agency or department and is seeking to engage in any activity,  
805 other than the termination of a service or a facility, otherwise subject to  
806 said section or subsection if:

807 (1) The nonprofit facility, institution or provider is proposing a  
808 capital expenditure of not more than three million dollars and the  
809 expenditure does not in fact exceed three million dollars;

810 (2) The activity meets a specific service need identified by a state  
811 agency or department with which the nonprofit facility, institution or  
812 provider is currently under contract;

813 (3) The commissioner, executive director, chairman or chief court  
814 administrator of the state agency or department that has identified the  
815 specific need confirms, in writing, to the office that (A) the agency or  
816 department has identified a specific need with a detailed description of  
817 that need and that the agency or department believes that the need  
818 continues to exist, (B) the activity in question meets all or part of the  
819 identified need and specifies how much of that need the proposal  
820 meets, (C) in the case where the activity is the relocation of services,  
821 the agency or department has determined that the needs of the area  
822 previously served will continue to be met in a better or satisfactory  
823 manner and specifies how that is to be done, (D) in the case where a  
824 facility or institution seeks to transfer its ownership or control, that the  
825 agency or department has investigated the proposed change and the  
826 person or entity requesting the change and has determined that the  
827 change would be in the best interests of the state and the patients or  
828 clients, and (E) the activity will be cost-effective and well managed;  
829 and

830 (4) In the case where the activity is the relocation of services, the  
831 Commissioner of Public Health or the commissioner's designee  
832 determines that the needs of the area previously served will continue  
833 to be met in a better or satisfactory manner.

834 (b) The Commissioner of Public Health or the commissioner's

835 designee may grant an exemption from the requirements of section  
836 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit  
837 facility, institution or provider that is currently under contract with a  
838 state agency or department and is seeking to terminate a service or a  
839 facility, provided (1) the commissioner, executive director, chairperson  
840 or chief court administrator of the state agency or department with  
841 which the nonprofit facility, institution or provider is currently under  
842 contract confirms, in writing, to the office that the needs of the area  
843 previously served will continue to be met in a better or satisfactory  
844 manner and specifies how that is to be done, and (2) the commissioner  
845 or the commissioner's designee determines that the needs of the area  
846 previously served will continue to be met in a better or satisfactory  
847 manner.

848 (c) A nonprofit facility, institution or provider seeking an exemption  
849 under this section shall provide the office with any information it  
850 needs to determine exemption eligibility. An exemption granted under  
851 this section shall be limited to part or all of any services, equipment,  
852 expenditures or location directly related to the need or location that the  
853 state agency or department has identified.

854 (d) The office may revoke or modify the scope of the exemption at  
855 any time following a public review that allows the state agency or  
856 department and the nonprofit facility, institution or provider to  
857 address specific, identified, changed conditions or any problems that  
858 the state agency, department or the office has identified. A party to any  
859 exemption modification or revocation proceeding and the original  
860 requesting agency shall be given at least fourteen calendar days  
861 written notice prior to any action by the office and shall be furnished  
862 with a copy, if any, of a revocation or modification request or a  
863 statement by the office of the problems that have been brought to its  
864 attention. If the requesting commissioner, executive director, chairman  
865 or chief court administrator or the Commissioner of Public Health  
866 certifies that an emergency condition exists, only forty-eight hours  
867 written notice shall be required for such modification or revocation

868 action to proceed.

869 (e) A nonprofit facility, institution or provider that is a psychiatric  
870 residential treatment facility, as defined in 42 CFR 483.352, shall not be  
871 eligible for any exemption provided for in this section, irrespective of  
872 whether or not such facility is under contract with a state agency or  
873 department.]

874 (a) A certificate of need shall be valid only for the project described  
875 in the application. A certificate of need shall be valid for one year from  
876 the date of issuance by the office. During the period of time that such  
877 certificate is valid and the thirty-day period following the expiration of  
878 the certificate, the holder of the certificate shall provide the office with  
879 such information as the office may request on the development of the  
880 project covered by the certificate.

881 (b) Upon request from a certificate holder, the office may extend the  
882 duration of a certificate of need for such additional period of time as  
883 the office determines is reasonably necessary to expeditiously  
884 complete the project. Not later than five business days after receiving a  
885 request to extend the duration of a certificate of need, the office shall  
886 post such request on its web site. Any person who wishes to comment  
887 on extending the duration of the certificate of need shall provide  
888 written comments to the office on the requested extension not later  
889 than thirty days after the date the office posts notice of the request for  
890 an extension of time on its web site. The office, in its discretion, may  
891 hold a public hearing on any request to extend the duration of a  
892 certificate of need.

893 (c) In the event that the office determines that: (1) Commencement,  
894 construction or other preparation has not been substantially  
895 undertaken during a valid certificate of need period; or (2) the  
896 certificate holder has not made a good-faith effort to complete the  
897 project as approved, the office may withdraw, revoke or rescind the  
898 certificate of need.

899     (d) A certificate of need shall not be transferable or assignable nor  
900     shall a project be transferred from a certificate holder to another  
901     person.

902     Sec. 9. Section 19a-639c of the 2010 supplement to the general  
903     statutes is repealed and the following is substituted in lieu thereof  
904     (*Effective October 1, 2010*):

905     [Notwithstanding the provisions of section 19a-638 or section 19a-  
906     639, the office may waive the requirements of said sections and grant a  
907     certificate of need to any health care facility or institution or provider  
908     or any state health care facility or institution or provider proposing to  
909     replace major medical equipment, a CT scanner, PET scanner, PET/CT  
910     scanner or MRI scanner or a linear accelerator if:

911     (1) The health care facility or institution or provider has previously  
912     obtained a certificate of need for the equipment to be replaced; or

913     (2) The health care facility or institution or provider had previously  
914     obtained a determination pursuant to subsection (c) of section 19a-639a  
915     that a certificate of need was not required for the original acquisition of  
916     the equipment; and

917     (3) The replacement value or expenditure is less than three million  
918     dollars.]

919     Any health care facility that proposes to relocate a facility shall  
920     submit a letter to the office, as described in subsection (c) of section  
921     19a-638, as amended by this act. In addition to the requirements  
922     prescribed in said subsection (c), in such letter the health care facility  
923     shall demonstrate to the satisfaction of the office that the population  
924     served by the health care facility and the payer mix will not change as  
925     a result of the facility's proposed relocation. If the facility is unable to  
926     demonstrate to the satisfaction of the office that the population served  
927     and the payer mix will not change as a result of the proposed  
928     relocation, the health care facility shall apply for certificate of need

929 approval pursuant to subdivision (1) of subsection (a) of section 19a-  
930 638, as amended by this act, in order to effectuate the proposed  
931 relocation.

932       Sec. 10. Section 19a-639e of the 2010 supplement to the general  
933 statutes is repealed and the following is substituted in lieu thereof  
934 (*Effective October 1, 2010*):

935       [Notwithstanding the provisions of sections 19a-486 to 19a-486h,  
936 inclusive, section 19a-638, 19a-639 or any other provision of this  
937 chapter, the office may refuse to accept as filed or submitted a letter of  
938 intent or a certificate of need application from any person or health  
939 care facility or institution that failed to submit any required data or  
940 information, or has filed any required data or information that is  
941 incomplete or not filed in a timely fashion. Prior to any refusal and  
942 accompanying moratorium under the provisions of this section, the  
943 Commissioner of Public Health shall notify the person or health care  
944 facility or institution, in writing, and such notice shall identify the data  
945 or information that was not received and the data or information that  
946 is incomplete in any respect. Such person or health care facility or  
947 institution shall have twenty-one days from the date of mailing the  
948 notice to provide the commissioner with the required data or  
949 information. Such refusal and related moratorium on accepting a letter  
950 of intent or a certificate of need application may remain in effect, at the  
951 discretion of the commissioner, until the office determines that all  
952 required data or information has been submitted. The commissioner  
953 shall have twenty-one days to notify the person or health care facility  
954 or institution submitting the data and information whether or not the  
955 letter of intent or certificate of need application is refused. Nothing in  
956 this section shall preclude or limit the office from taking any other  
957 action authorized by law concerning late, incomplete or inaccurate  
958 data submission in addition to such a refusal and accompanying  
959 moratorium.]

960       (a) Any health care facility that proposes to terminate a service that

961 was authorized pursuant to a certificate of need issued under this  
962 chapter shall file a modification request with the office not later than  
963 sixty days prior to the proposed date of the termination of the service.  
964 The office may request additional information from the health care  
965 facility as necessary to process the modification request. In addition,  
966 the office may hold a public hearing on any request from a health care  
967 facility to terminate a service pursuant to this section.

968 (b) Any health care facility that proposes to terminate all services  
969 offered by such facility, that were authorized pursuant to one or more  
970 certificates of need issued under this chapter, shall provide notification  
971 to the office not later than sixty days prior to the termination of  
972 services and such facility shall surrender its certificate of need not later  
973 than thirty days prior to the termination of services.

974 (c) Any health care facility that proposes to terminate the operation  
975 of a facility or service for which a certificate of need was not obtained  
976 shall notify the office not later than sixty days prior to terminating the  
977 operation of the facility or service.

978 Sec. 11. Section 19a-653 of the 2010 supplement to the general  
979 statutes is repealed and the following is substituted in lieu thereof  
980 (*Effective October 1, 2010*):

981 [(a) (1) Any person or health care facility or institution that owns,  
982 operates or is seeking to acquire major medical equipment costing over  
983 three million dollars, or scanning equipment, a linear accelerator or  
984 other similar equipment utilizing technology that is developed or  
985 introduced into the state on or after October 1, 2005, or any person or  
986 health care facility or institution that is required to file data or  
987 information under any public or special act or under this chapter or  
988 sections 19a-486 to 19a-486h, inclusive, or any regulation adopted or  
989 order issued under this chapter or said sections, which fails to so file  
990 within prescribed time periods, shall be subject to a civil penalty of up  
991 to one thousand dollars a day for each day such information is  
992 missing, incomplete or inaccurate. Any civil penalty authorized by this



993 section shall be imposed by the Department of Public Health in  
994 accordance with subsections (b) to (e), inclusive, of this section.

995 (2) If a person or health care facility or institution is unsure whether  
996 a certificate of need is required under section 19a-638 or section 19a-  
997 639, or under both sections, it shall send a letter to the office describing  
998 the project and requesting that the office make such a determination. A  
999 person making a request for a determination as to whether a certificate  
1000 of need, waiver or exemption is required shall provide the office with  
1001 any information the office requests as part of its determination process.

1002 (b) If the Department of Public Health has reason to believe that a  
1003 violation has occurred for which a civil penalty is authorized by  
1004 subsection (a) of this section, it shall notify the person or health care  
1005 facility or institution by first-class mail or personal service. The notice  
1006 shall include: (1) A reference to the sections of the statute or regulation  
1007 involved; (2) a short and plain statement of the matters asserted or  
1008 charged; (3) a statement of the amount of the civil penalty or penalties  
1009 to be imposed; (4) the initial date of the imposition of the penalty; and  
1010 (5) a statement of the party's right to a hearing.

1011 (c) The person or health care facility or institution to whom the  
1012 notice is addressed shall have fifteen business days from the date of  
1013 mailing of the notice to make written application to the office to  
1014 request (1) a hearing to contest the imposition of the penalty, or (2) an  
1015 extension of time to file the required data. A failure to make a timely  
1016 request for a hearing or an extension of time to file the required data or  
1017 a denial of a request for an extension of time shall result in a final order  
1018 for the imposition of the penalty. All hearings under this section shall  
1019 be conducted pursuant to sections 4-176e to 4-184, inclusive. The  
1020 Department of Public Health may grant an extension of time for filing  
1021 the required data or mitigate or waive the penalty upon such terms  
1022 and conditions as, in its discretion, it deems proper or necessary upon  
1023 consideration of any extenuating factors or circumstances.

1024 (d) A final order of the Department of Public Health assessing a civil

1025 penalty shall be subject to appeal as set forth in section 4-183 after a  
1026 hearing before the office pursuant to subsection (c) of this section,  
1027 except that any such appeal shall be taken to the superior court for the  
1028 judicial district of New Britain. Such final order shall not be subject to  
1029 appeal under any other provision of the general statutes. No challenge  
1030 to any such final order shall be allowed as to any issue which could  
1031 have been raised by an appeal of an earlier order, denial or other final  
1032 decision by the Department of Public Health.

1033 (e) If any person or health care facility or institution fails to pay any  
1034 civil penalty under this section, after the assessment of such penalty  
1035 has become final the amount of such penalty may be deducted from  
1036 payments to such person or health care facility or institution from the  
1037 Medicaid account.]

1038 (a) The Department of Public Health, upon recommendation from  
1039 the office, may suspend or revoke the license of any person, provider  
1040 or health care facility or assess a civil penalty against such person,  
1041 provider or health care facility for:

1042 (1) Any violation of this chapter or any regulation adopted  
1043 thereunder, including, but not limited to, failure to obtain a certificate  
1044 of need in accordance with subsection (a) of section 19a-638, as  
1045 amended by this act;

1046 (2) Failure by a certificate holder to comply with any conditions  
1047 enumerated in a certificate of need; and

1048 (3) Failure by a certificate holder to file financial information, data  
1049 or any other information requested by the office pursuant to this  
1050 chapter or any regulation adopted under this chapter.

1051 (b) In the event that the department intends to suspend or revoke  
1052 the license of any person, provider or health care facility or assess a  
1053 civil penalty against such person, provider or health care facility for  
1054 any of the reasons prescribed in subsection (a) of this section, the

1055 department shall provide prior notice to the person, provider or health  
1056 care facility of its intended action by first class mail or personal service.  
1057 Such notice shall: (1) Set forth the particular reasons for the intended  
1058 action; and (2) inform the person, provider or health care facility that  
1059 failure to make a timely request for a hearing, as prescribed in this  
1060 subsection, shall result in the department entering a final order on its  
1061 intended action. Any person, provider or health care facility aggrieved  
1062 by the intended action of the department shall, not later than thirty  
1063 days after receipt of the notice, request a hearing to contest the  
1064 department's intended action. All hearings under this section shall be  
1065 conducted pursuant to sections 4-176e to 4-184, inclusive. The  
1066 department may affirm, modify or set aside a proposed suspension or  
1067 revocation of licensure or the imposition of any civil penalty following  
1068 the hearing.

1069 (c) A final order of the department suspending or revoking a license  
1070 or assessing a civil penalty shall be subject to appeal as set forth in  
1071 section 4-183 after a hearing before the department pursuant to  
1072 subsection (b) of this section, except that any such appeal shall be  
1073 taken to the superior court for the judicial district of New Britain. Such  
1074 final order shall not be subject to appeal under any other provision of  
1075 the general statutes. No challenge to any such final order shall be  
1076 allowed as to any issue which could have been raised by an appeal of  
1077 an earlier order, denial or other final decision by the department.

1078 (d) Any civil penalty assessed pursuant to this section shall not be  
1079 less than one hundred dollars nor more than five hundred dollars for  
1080 each violation. Each violation shall be a separate and distinct offense,  
1081 and in the case of a continuing violation, each day of continuance  
1082 thereof shall be deemed a separate and distinct offense.

1083 (e) Failure to pay any civil penalty assessed pursuant to this section  
1084 shall be grounds for suspension or revocation of a license. In addition,  
1085 the office shall not issue a certificate of need to any person, provider or  
1086 health care facility until payment of a civil penalty assessed against

1087 such person, provider or health care facility has been made.

1088       Sec. 12. Subsection (a) of section 4-67x of the 2010 supplement to the  
1089 general statutes is repealed and the following is substituted in lieu  
1090 thereof (*Effective October 1, 2010*):

1091       (a) There shall be a Child Poverty and Prevention Council consisting  
1092 of the following members or their designees: The Secretary of the  
1093 Office of Policy and Management, the president pro tempore of the  
1094 Senate, the speaker of the House of Representatives, the minority  
1095 leader of the Senate and the minority leader of the House of  
1096 Representatives, the Commissioners of Children and Families, Social  
1097 Services, Correction, Developmental Services, Mental Health and  
1098 Addiction Services, Transportation, Public Health, Education [,] and  
1099 Economic and Community Development, [and Health Care Access,]  
1100 the Labor Commissioner, the Chief Court Administrator, the  
1101 chairperson of the Board of Governors of Higher Education, the Child  
1102 Advocate, the chairperson of the Children's Trust Fund Council and  
1103 the executive directors of the Commission on Children and the  
1104 Commission on Human Rights and Opportunities. The Secretary of the  
1105 Office of Policy and Management, or the secretary's designee, shall be  
1106 the chairperson of the council. The council shall (1) develop and  
1107 promote the implementation of a ten-year plan, to begin June 8, 2004,  
1108 to reduce the number of children living in poverty in the state by fifty  
1109 per cent, and (2) within available appropriations, establish prevention  
1110 goals and recommendations and measure prevention service outcomes  
1111 in accordance with this section in order to promote the health and  
1112 well-being of children and families.

1113       Sec. 13. Subdivisions (4) and (5) of section 12-263a of the general  
1114 statutes are repealed and the following is substituted in lieu thereof  
1115 (*Effective October 1, 2010*):

1116       (4) "Uncompensated care" means the cost of care that is written off  
1117 as a bad debt or provided free under a free care policy that has been  
1118 approved by the Office of Health Care Access division of the

1119 Department of Public Health;

1120 (5) "Other allowances" means any financial requirements, as  
1121 authorized by the Office of Health Care Access division of the  
1122 Department of Public Health, of a hospital resulting from  
1123 circumstances including, but not limited to, an insurance settlement of  
1124 a liability case or satisfaction of a lien or encumbrance, any difference  
1125 between charges for employee self-insurance and related expenses. For  
1126 fiscal years commencing on and after October 1, 1994, "other  
1127 allowances" means the amount of any difference between charges for  
1128 employee self-insurance and related expenses determined using the  
1129 hospital's overall relationship of costs to charges as determined by the  
1130 Office of Health Care Access division of the Department of Public  
1131 Health;

1132 Sec. 14. Subdivision (11) of subsection (b) of section 17a-22j of the  
1133 general statutes is repealed and the following is substituted in lieu  
1134 thereof (*Effective October 1, 2010*):

1135 (11) Seven nonvoting ex-officio members, one each appointed by the  
1136 Commissioners of Social Services, Children and Families, Public  
1137 Health, Mental Health and Addiction Services and Education to  
1138 represent his or her department and one appointed by the State  
1139 Comptroller [.] and the Secretary of the Office of Policy and  
1140 Management [and the Office of Health Care Access] to represent said  
1141 offices;

1142 Sec. 15. Section 17a-678 of the general statutes is repealed and the  
1143 following is substituted in lieu thereof (*Effective October 1, 2010*):

1144 Notwithstanding the provisions of [sections 19a-638 and 19a-639]  
1145 section 19a-638, as amended by this act, (1) a community agency  
1146 operating a program in a state institution or facility, (2) a nonprofit  
1147 community agency operating a program, identified as closing a service  
1148 delivery system gap in the state-wide service delivery plan, in a state  
1149 institution or facility, and receiving funds from the Department of

1150 Mental Health and Addiction Services, or (3) a nonprofit substance  
1151 abuse treatment facility, identified as closing a service delivery system  
1152 gap in the state-wide service delivery plan and receiving funds from  
1153 the department, shall not be required to obtain a certificate of need  
1154 from the Office of Health Care Access division of the Department of  
1155 Public Health.

1156 Sec. 16. Section 17b-234 of the general statutes is repealed and the  
1157 following is substituted in lieu thereof (*Effective October 1, 2010*):

1158 The Department of Social Services shall notify the Newington  
1159 Children's Hospital of each referral for whom said department can  
1160 apply for federal matching grants. Newington Children's Hospital  
1161 shall charge the Department of Social Services for said eligible referrals  
1162 only and shall retain all such payments received from the department.  
1163 Such payments by the state shall be in lieu of all other payments to  
1164 said hospital by the state or any town in this state except payments by  
1165 the Department of Social Services as provided in this section, the State  
1166 Board of Education or the Department of Public Health. Such  
1167 payments shall not prevent payments to said hospital from private  
1168 sources for the care and support of any child in said hospital or for the  
1169 balance of such operating expense. The Office of Health Care Access  
1170 division of the Department of Public Health, in establishing rates to be  
1171 charged by the Newington Children's Hospital, shall not include the  
1172 grant made to said hospital pursuant to this section. In order to be  
1173 eligible for the grant authorized by this section, the Newington  
1174 Children's Hospital shall cooperate with The University of Connecticut  
1175 Health Center in order to provide consolidated and coordinated  
1176 pediatric services.

1177 Sec. 17. Section 17b-240 of the general statutes is repealed and the  
1178 following is substituted in lieu thereof (*Effective October 1, 2010*):

1179 Notwithstanding the provisions of section 17b-239, the rate to be  
1180 paid by the state to a hospital receiving appropriations granted by the  
1181 General Assembly shall be established annually by the Office of Health

1182 Care Access division of the Department of Public Health pursuant to  
1183 the provisions of chapter 368z, provided said office receives a waiver  
1184 of Medicare principles of reimbursement from the Department of  
1185 Health and Human Services pursuant to Section 222 of Public Law 92-  
1186 603. This section shall be effective only for such period as said waiver  
1187 remains in effect.

1188 Sec. 18. Subsection (g) of section 17b-352 of the general statutes is  
1189 repealed and the following is substituted in lieu thereof (*Effective*  
1190 *October 1, 2010*):

1191 (g) The Commissioner of Social Services shall adopt regulations, in  
1192 accordance with chapter 54, to implement the provisions of this  
1193 section. The commissioner shall implement the standards and  
1194 procedures of the Office of Health Care Access division of the  
1195 Department of Public Health concerning certificates of need  
1196 established pursuant to section 19a-643, as amended by this act, as  
1197 appropriate for the purposes of this section, until the time final  
1198 regulations are adopted in accordance with said chapter 54.

1199 Sec. 19. Subsection (a) of section 17b-353 of the 2010 supplement to  
1200 the general statutes is repealed and the following is substituted in lieu  
1201 thereof (*Effective October 1, 2010*):

1202 (a) Any facility, as defined in subsection (a) of section 17b-352,  
1203 which proposes (1) a capital expenditure exceeding one million  
1204 dollars, which increases facility square footage by more than five  
1205 thousand square feet or five per cent of the existing square footage,  
1206 whichever is greater, (2) a capital expenditure exceeding two million  
1207 dollars, or (3) the acquisition of major medical equipment requiring a  
1208 capital expenditure in excess of four hundred thousand dollars,  
1209 including the leasing of equipment or space, shall submit a request for  
1210 approval of such expenditure, with such information as the  
1211 department requires, to the Department of Social Services. Any such  
1212 facility which proposes to acquire imaging equipment requiring a  
1213 capital expenditure in excess of four hundred thousand dollars,

1214 including the leasing of such equipment, shall obtain the approval of  
1215 the Office of Health Care Access division of the Department of Public  
1216 Health in accordance with [section 19a-639] the provisions of chapter  
1217 368z, subsequent to obtaining the approval of the Commissioner of  
1218 Social Services. Prior to the facility's obtaining the imaging equipment,  
1219 the Commissioner of Public Health, after consultation with the  
1220 Commissioner of Social Services, may elect to perform a joint or  
1221 simultaneous review with the Department of Social Services.

1222 Sec. 20. Subsection (e) of section 17b-353 of the 2010 supplement to  
1223 the general statutes is repealed and the following is substituted in lieu  
1224 thereof (*Effective October 1, 2010*):

1225 (e) The Commissioner of Social Services shall adopt regulations, in  
1226 accordance with chapter 54, to implement the provisions of this  
1227 section. The commissioner shall implement the standards and  
1228 procedures of the Office of Health Care Access division of the  
1229 Department of Public Health concerning certificates of need  
1230 established pursuant to section 19a-643, as amended by this act, as  
1231 appropriate for the purposes of this section, until the time final  
1232 regulations are adopted in accordance with said chapter 54.

1233 Sec. 21. Subsection (j) of section 17b-354 of the general statutes is  
1234 repealed and the following is substituted in lieu thereof (*Effective*  
1235 *October 1, 2010*):

1236 (j) The Commissioner of Social Services shall adopt regulations, in  
1237 accordance with chapter 54, to implement the provisions of this  
1238 section. The commissioner shall implement the standards and  
1239 procedures of the Office of Health Care Access division of the  
1240 Department of Public Health concerning certificates of need  
1241 established pursuant to section 19a-643, as amended by this act, as  
1242 appropriate for the purposes of this section, until the time final  
1243 regulations are adopted in accordance with said chapter 54.

1244 Sec. 22. Section 17b-356 of the general statutes is repealed and the



1245 following is substituted in lieu thereof (*Effective October 1, 2010*):

1246 Any health care facility or institution, as defined in subsection (a) of  
1247 section 19a-490, except a nursing home, rest home, residential care  
1248 home or residential facility for the mentally retarded licensed pursuant  
1249 to section 17a-227 and certified to participate in the Title XIX Medicaid  
1250 program as an intermediate care facility for the mentally retarded,  
1251 proposing to expand its services by adding nursing home beds shall  
1252 obtain the approval of the Commissioner of Social Services in  
1253 accordance with the procedures established pursuant to sections 17b-  
1254 352, as amended by this act, 17b-353, as amended by this act, and 17b-  
1255 354, as amended by this act, for a facility, as defined in section 17b-352,  
1256 as amended by this act, prior to obtaining the approval of the Office of  
1257 Health Care Access division of the Department of Public Health  
1258 pursuant to section [19a-638 or] 19a-639, [or both] as amended by this  
1259 act.

1260 Sec. 23. Subsection (b) of section 19a-7 of the general statutes is  
1261 repealed and the following is substituted in lieu thereof (*Effective*  
1262 *October 1, 2010*):

1263 (b) For the purposes of establishing a state health plan as required  
1264 by subsection (a) of this section and consistent with state and federal  
1265 law on patient records, the department is entitled to access hospital  
1266 discharge data, emergency room and ambulatory surgery encounter  
1267 data, data on home health care agency client encounters and services,  
1268 data from community health centers on client encounters and services  
1269 and all data collected or compiled by the Office of Health Care Access  
1270 division of the Department of Public Health pursuant to section 19a-  
1271 613.

1272 Sec. 24. Subsections (b) and (c) of section 19a-493b of the general  
1273 statutes are repealed and the following is substituted in lieu thereof  
1274 (*Effective October 1, 2010*):

1275 (b) No entity, individual, firm, partnership, corporation, limited

1276 liability company or association, other than a hospital, shall  
1277 individually or jointly establish or operate an outpatient surgical  
1278 facility in this state without complying with chapter 368z, except as  
1279 otherwise provided by this section, and obtaining a license within the  
1280 time specified in this subsection from the Department of Public Health  
1281 for such facility pursuant to the provisions of this chapter, unless such  
1282 entity, individual, firm, partnership, corporation, limited liability  
1283 company or association: (1) Provides to the Office of Health Care  
1284 Access division of the Department of Public Health satisfactory  
1285 evidence that it was in operation on or before July 1, 2003, or (2)  
1286 obtained, on or before July 1, 2003, from the Office of Health Care  
1287 Access, a determination that a certificate of need is not required. An  
1288 entity, individual, firm, partnership, corporation, limited liability  
1289 company or association otherwise in compliance with this section may  
1290 operate an outpatient surgical facility without a license through March  
1291 30, 2007, and shall have until March 30, 2007, to obtain a license from  
1292 the Department of Public Health.

1293 (c) Notwithstanding the provisions of this section, no outpatient  
1294 surgical facility shall be required to comply with section 19a-631, 19a-  
1295 632, [19a-637a,] 19a-644, as amended by this act, 19a-645, as amended  
1296 by this act, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, as amended  
1297 by this act, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a,  
1298 inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672 to 19a-676,  
1299 inclusive, 19a-678, or 19a-681 to 19a-683, inclusive, as amended by this  
1300 act. Each outpatient surgical facility shall continue to be subject to the  
1301 obligations and requirements applicable to such facility, including, but  
1302 not limited to, any applicable provision of this chapter and those  
1303 provisions of chapter 368z not specified in this subsection, except that  
1304 a request for permission to undertake a transfer or change of  
1305 ownership or control shall not be required pursuant to subsection (a)  
1306 of section 19a-638, as amended by this act, if the Office of Health Care  
1307 Access division of the Department of Public Health determines that the  
1308 following conditions are satisfied: (1) Prior to any such transfer or  
1309 change of ownership or control, the outpatient surgical facility shall be

1310 owned and controlled exclusively by persons licensed pursuant to  
1311 section 20-13, either directly or through a limited liability company,  
1312 formed pursuant to chapter 613, a corporation, formed pursuant to  
1313 chapters 601 and 602, or a limited liability partnership, formed  
1314 pursuant to chapter 614, that is exclusively owned by persons licensed  
1315 pursuant to section 20-13, or is under the interim control of an estate  
1316 executor or conservator pending transfer of an ownership interest or  
1317 control to a person licensed under section 20-13, and (2) after any such  
1318 transfer or change of ownership or control, persons licensed pursuant  
1319 to section 20-13, a limited liability company, formed pursuant to  
1320 chapter 613, a corporation, formed pursuant to chapters 601 and 602,  
1321 or a limited liability partnership, formed pursuant to chapter 614, that  
1322 is exclusively owned by persons licensed pursuant to section 20-13,  
1323 shall own and control no less than a sixty per cent interest in the  
1324 outpatient surgical facility.

1325 Sec. 25. Subsection (a) of section 19a-499 of the general statutes is  
1326 repealed and the following is substituted in lieu thereof (*Effective*  
1327 *October 1, 2010*):

1328 (a) Information received by the Department of Public Health  
1329 through filed reports, inspection or as otherwise authorized under this  
1330 chapter, shall not be disclosed publicly in such manner as to identify  
1331 any patient of an institution, except in a proceeding involving the  
1332 question of licensure. [or in any proceeding before the Office of Health  
1333 Care Access involving such institution.]

1334 Sec. 26. Subsection (c) of section 19a-509b of the general statutes is  
1335 repealed and the following is substituted in lieu thereof (*Effective*  
1336 *October 1, 2010*):

1337 (c) Each hospital that holds or administers one or more hospital bed  
1338 funds shall make available in a place and manner allowing individual  
1339 members of the public to easily obtain it, a one-page summary in  
1340 English and Spanish describing hospital bed funds and how to apply  
1341 for them. The summary shall also describe any other policies regarding

1342 the provision of charity care and reduced cost services for the indigent  
1343 as reported by the hospital to the Office of Health Care Access division  
1344 of the Department of Public Health pursuant to section 19a-649 and  
1345 shall clearly distinguish hospital bed funds from other sources of  
1346 financial assistance. The summary shall include notification that the  
1347 patient is entitled to reapply upon rejection, and that additional funds  
1348 may become available on an annual basis. The summary shall be  
1349 available in the patient admissions office, emergency room, social  
1350 services department and patient accounts or billing office, and from  
1351 any collection agent. If during the admission process or during its  
1352 review of the financial resources of the patient, the hospital reasonably  
1353 believes the patient will have limited funds to pay for any portion of  
1354 the patient's hospitalization not covered by insurance, the hospital  
1355 shall provide the summary to each such patient.

1356 Sec. 27. Section 4-101a of the general statutes is repealed and the  
1357 following is substituted in lieu thereof (*Effective October 1, 2010*):

1358 (a) The Office of Policy and Management [.] may provide grants,  
1359 technical assistance or consultation services, or any combination  
1360 thereof, to one or more nongovernmental acute care general hospitals  
1361 as permitted by this section. Such grants, technical assistance or  
1362 consultation services shall be consistent with applicable federal  
1363 disproportionate share regulations, as from time to time amended.

1364 (b) Grants, technical assistance or consultation services, or any  
1365 combination thereof, provided under this section may be made to  
1366 assist a nongovernmental acute care general hospital to develop and  
1367 implement a plan to achieve financial stability and assure the delivery  
1368 of appropriate health care services in the service area of such hospital,  
1369 or to assist a nongovernmental acute care general hospital in  
1370 determining strategies, goals and plans to ensure its financial viability  
1371 or stability. Any such hospital seeking such grants, technical assistance  
1372 or consultation services shall prepare and submit to the Office of Policy  
1373 and Management and the Office of Health Care Access division of the

1374 Department of Public Health a plan that includes at least the following:  
1375 (1) A statement of the hospital's current projections of its finances for  
1376 the current and the next three fiscal years; (2) identification of the  
1377 major financial issues which effect the financial stability of the hospital;  
1378 (3) the steps proposed to study or improve the financial status of the  
1379 hospital and eliminate ongoing operating losses; (4) plans to study or  
1380 change the mix of services provided by the hospital, which may  
1381 include transition to an alternative licensure category; and (5) other  
1382 related elements as determined by the Office of Policy and  
1383 Management. Such plan shall clearly identify the amount, value or  
1384 type of the grant, technical assistance or consultation services, or  
1385 combination thereof, requested. Any grants, technical assistance or  
1386 consultation services, or any combination thereof, provided under this  
1387 section shall be determined by the Secretary of the Office of Policy and  
1388 Management not to jeopardize the federal matching payments under  
1389 the medical assistance program and the emergency assistance to  
1390 families program as determined by the Office of Health Care Access  
1391 division of the Department of Public Health or the Department of  
1392 Social Services in consultation with the Office of Policy and  
1393 Management.

1394 (c) There is established a nonlapsing account, from which grants,  
1395 purchases of services of any type or reimbursement of state costs for  
1396 services deemed necessary by the Office of Policy and Management to  
1397 assist one or more nongovernmental acute care general hospitals under  
1398 this section shall be made.

1399 (d) The submission of a proposed plan by the hospital under  
1400 subsection (b) of this section may be considered [a letter of intent] an  
1401 application for the purposes of any certificate of need which may be  
1402 required to change the hospital's service offering.

1403 (e) Upon review and approval of the probable significant benefit of  
1404 a hospital's submitted plan, the Office of Policy and Management may  
1405 recommend that a grant be awarded and issue such grant, or contract

1406 with one or more consultants to provide technical or other assistance  
1407 or consultation services, or may provide any combination of such grant  
1408 and assistance that the office deems necessary or advisable.

1409 Sec. 28. Section 19a-645 of the general statutes is repealed and the  
1410 following is substituted in lieu thereof (*Effective October 1, 2010*):

1411 A nonprofit hospital, licensed by the Department of Public Health,  
1412 which provides lodging, care and treatment to members of the public,  
1413 and which wishes to enlarge its public facilities by adding contiguous  
1414 land and buildings thereon, if any, the title to which it cannot  
1415 otherwise acquire, may prefer a complaint for the right to take such  
1416 land to the superior court for the judicial district in which such land is  
1417 located, provided such hospital shall have received the approval of the  
1418 Office of Health Care Access [under section 19a-639] division of the  
1419 Department of Public Health in accordance with the provisions of this  
1420 chapter. Said court shall appoint a committee of three disinterested  
1421 persons, who, after examining the premises and hearing the parties,  
1422 shall report to the court as to the necessity and propriety of such  
1423 enlargement and as to the quantity, boundaries and value of the land  
1424 and buildings thereon, if any, which they deem proper to be taken for  
1425 such purpose and the damages resulting from such taking. If such  
1426 committee reports that such enlargement is necessary and proper and  
1427 the court accepts such report, the decision of said court thereon shall  
1428 have the effect of a judgment and execution may be issued thereon  
1429 accordingly, in favor of the person to whom damages may be assessed,  
1430 for the amount thereof; and, on payment thereof, the title to the land  
1431 and buildings thereon, if any, for such purpose shall be vested in the  
1432 complainant, but such land and buildings thereon, if any, shall not be  
1433 taken until such damages are paid to such owner or deposited with  
1434 said court, for such owner's use, within thirty days after such report is  
1435 accepted. If such application is denied, the owner of the land shall  
1436 recover costs of the applicant, to be taxed by said court, which may  
1437 issue execution therefor. Land so taken shall be held by such hospital  
1438 and used only for the public purpose stated in its complaint to the

1439 superior court. No land dedicated or otherwise reserved as open space  
1440 or park land or for other recreational purposes and no land belonging  
1441 to any town, city or borough shall be taken under the provisions of this  
1442 section.

1443       Sec. 29. Section 19a-654 of the general statutes is repealed and the  
1444 following is substituted in lieu thereof (*Effective October 1, 2010*):

1445       The Office of Health Care Access division of the Department of  
1446 Public Health shall require short-term acute care general or children's  
1447 hospitals to submit such data, including discharge data, as it deems  
1448 necessary to fulfill the responsibilities of the office. Such data shall  
1449 include data taken from medical record abstracts and hospital bills.  
1450 The timing and format of such submission shall be specified by the  
1451 office. The data may be submitted through a contractual arrangement  
1452 with an intermediary. If the data is submitted through an  
1453 intermediary, the hospital shall ensure that such submission is timely  
1454 and that the data is accurate. The office may conduct an audit of the  
1455 data submitted to such intermediary in order to verify its accuracy.  
1456 Individual patient and physician data identified by proper name or  
1457 personal identification code submitted pursuant to this section shall be  
1458 kept confidential, but aggregate reports from which individual patient  
1459 and physician data cannot be identified shall be available to the public.

1460       Sec. 30. Subsection (c) of section 38a-553 of the general statutes is  
1461 repealed and the following is substituted in lieu thereof (*Effective*  
1462 *October 1, 2010*):

1463       (c) Plans providing minimum standard benefits need not provide  
1464 benefits for the following: (1) Any charge for any care for any injury or  
1465 disease either (A) arising out of and in the course of an employment  
1466 subject to a workers' compensation or similar law or where such  
1467 benefit is required to be provided under a workers' compensation  
1468 policy to a sole proprietor, business partner or corporation officer who  
1469 elects such coverage pursuant to the provisions of chapter 568 or (B) to  
1470 the extent benefits are payable without regard to fault under a

1471 coverage statutorily required to be contained in any motor vehicle or  
1472 other liability insurance policy or equivalent self-insurance; (2) any  
1473 charge for treatment for cosmetic purposes other than surgery for the  
1474 prompt repair of an accidental injury sustained while covered,  
1475 provided cosmetic shall not mean replacement of any anatomic  
1476 structure removed during treatment of tumors; (3) any charge for  
1477 travel, other than transportation by local professional ambulance to the  
1478 nearest health care institution qualified to treat the illness or injury; (4)  
1479 any charge for private room accommodations to the extent it is in  
1480 excess of the institution's most common charge for a semiprivate room;  
1481 (5) any charge by health care institutions to the extent that it is  
1482 determined by the carrier that the charge exceeds the rates approved  
1483 by the Office of Health Care Access division of the Department of  
1484 Public Health; (6) any charge for services or articles to the extent that it  
1485 exceeds the reasonable charge in the locality for the service; (7) any  
1486 charge for services or articles which are determined not to be  
1487 medically necessary, except that this shall not apply to the fabrication  
1488 or placement of the prosthesis as specified in subdivision (11) of  
1489 subsection (a) of this section and subdivision (2) of this subsection; (8)  
1490 any charge for services or articles the provisions of which is not within  
1491 the scope of the license or certificate of the institution or individual  
1492 rendering such services or articles; (9) any charge for services or  
1493 articles furnished, paid for or reimbursed directly by or under any law  
1494 of a government, except as otherwise provided herein; (10) any charge  
1495 for services or articles for custodial care or designed primarily to assist  
1496 an individual in meeting his activities of daily living; (11) any charge  
1497 for services which would not have been made if no insurance existed  
1498 or for which the covered individual is not legally obligated to pay; (12)  
1499 any charge for eyeglasses, contact lenses or hearing aids or the fitting  
1500 thereof; (13) any charge for dental care not specifically covered by  
1501 sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive; and (14)  
1502 any charge for services of a registered nurse who ordinarily resides in  
1503 the covered individual's home, or who is a member of the covered  
1504 individual's family or the family of the covered individual's spouse.



1505       Sec. 31. Subsection (a) of section 19a-485 of the general statutes is  
1506 repealed and the following is substituted in lieu thereof (*Effective*  
1507 *October 1, 2010*):

1508       (a) Whenever the words "home for the aged" or "homes for the  
1509 aged" are used or referred to in the following sections of the general  
1510 statutes, the words "residential care home" or "residential care homes",  
1511 respectively, shall be substituted in lieu thereof: 1-19, 9-19c, 9-19d, 9-  
1512 159q, 10a-178, 12-407, 12-412, 17b-340, 17b-341, 17b-344, 17b-352, as  
1513 amended by this act, 17b-356, as amended by this act, 17b-522, 17b-601,  
1514 19a-490, 19a-491, 19a-491a, 19a-504, 19a-521, 19a-521b, 19a-550, 19a-576,  
1515 [19a-638, 19a-639,] 20-87a, 32-23d, 38a-493 and 38a-520.

1516       Sec. 32. Subsections (b) and (c) of section 19a-486a of the general  
1517 statutes are repealed and the following is substituted in lieu thereof  
1518 (*Effective October 1, 2010*):

1519       (b) Prior to any transaction described in subsection (a) of this  
1520 section, the nonprofit hospital and the purchaser shall concurrently  
1521 submit a [letter of intent] certificate of need determination letter as  
1522 described in subsection (c) of section 19a-638, as amended by this act,  
1523 to the commissioner and the Attorney General by serving it on them  
1524 by certified mail, return receipt requested, or delivering it by hand to  
1525 each office. Such letter of intent shall contain: (1) The name and  
1526 address of the nonprofit hospital; (2) the name and address of the  
1527 purchaser; (3) a brief description of the terms of the proposed  
1528 agreement; and (4) the estimated capital expenditure, cost or value  
1529 associated with the proposed agreement. The letter [of intent] shall be  
1530 subject to disclosure pursuant to section 1-210.

1531       (c) The commissioner and the Attorney General shall review the  
1532 [letter of intent] certificate of need determination letter. The Attorney  
1533 General shall determine whether the agreement requires approval  
1534 pursuant to this chapter. If such approval is required, the  
1535 commissioner and the Attorney General shall transmit to the purchaser  
1536 and the nonprofit hospital an application form for approval pursuant

1537 to this chapter, unless the commissioner refuses to accept a filed or  
1538 submitted [letter of intent as provided in section 19a-639e] certificate of  
1539 need determination letter. Such application form shall require the  
1540 following information: (1) The name and address of the nonprofit  
1541 hospital; (2) the name and address of the purchaser; (3) a description of  
1542 the terms of the proposed agreement; (4) copies of all contracts,  
1543 agreements and memoranda of understanding relating to the proposed  
1544 agreement; (5) a fairness evaluation by an independent person who is  
1545 an expert in such agreements, that includes an analysis of each of the  
1546 criteria set forth in section 19a-486c; (6) documentation that the  
1547 nonprofit hospital exercised the due diligence required by subdivision  
1548 (2) of subsection (a) of section 19a-486c, including disclosure of the  
1549 terms of any other offers to transfer assets or operations or change  
1550 control of operations received by the nonprofit hospital and the reason  
1551 for rejection of such offers; and (7) such other information as the  
1552 commissioner or the Attorney General deem necessary to their review  
1553 pursuant to the provisions of sections 19a-486 to 19a-486f, inclusive, as  
1554 amended by this act, and [sections 19a-637 to 19a-639, inclusive]  
1555 chapter 368z. The application shall be subject to disclosure pursuant to  
1556 section 1-210.

1557 Sec. 33. Section 19a-486b of the general statutes is repealed and the  
1558 following is substituted in lieu thereof (*Effective October 1, 2010*):

1559 Not later than one hundred twenty days after the date of receipt of  
1560 the completed application pursuant to subsection (d) of section 19a-  
1561 486a, the Attorney General and the commissioner shall approve the  
1562 application, with or without modification, or deny the application. The  
1563 commissioner shall also determine, in accordance with the provisions  
1564 of chapter 368z, whether to approve, with or without modification, or  
1565 deny the application for a certificate of need that is part of the  
1566 completed application. Notwithstanding the provisions of [sections  
1567 19a-638 and 19a-639] section 19a-639a, as amended by this act, the  
1568 commissioner shall complete the decision on the application for a  
1569 certificate of need within the same time period as the completed

1570 application. Such one-hundred-twenty-day period may be extended by  
1571 agreement of the Attorney General, the commissioner, the nonprofit  
1572 hospital and the purchaser. If the Attorney General initiates a  
1573 proceeding to enforce a subpoena pursuant to section 19a-486c or 19a-  
1574 486d, as amended by this act, the one-hundred-twenty-day period  
1575 shall be tolled until the final court decision on the last pending  
1576 enforcement proceeding, including any appeal or time for the filing of  
1577 such appeal. Unless the one-hundred-twenty-day period is extended  
1578 pursuant to this section, if the commissioner and Attorney General fail  
1579 to take action on an agreement prior to the one-hundred-twenty-first  
1580 day after the date of the filing of the completed application, the  
1581 application shall be deemed approved.

1582 Sec. 34. Subsection (a) of section 19a-486d of the general statutes is  
1583 repealed and the following is substituted in lieu thereof (*Effective*  
1584 *October 1, 2010*):

1585 (a) The commissioner shall deny an application filed pursuant to  
1586 subsection (d) of section 19a-486a unless the commissioner finds that:  
1587 (1) The affected community will be assured of continued access to  
1588 affordable health care; (2) in a situation where the asset or operation to  
1589 be transferred provides or has provided health care services to the  
1590 uninsured or underinsured, the purchaser has made a commitment to  
1591 provide health care to the uninsured and the underinsured; (3) in a  
1592 situation where health care providers or insurers will be offered the  
1593 opportunity to invest or own an interest in the purchaser or an entity  
1594 related to the purchaser safeguard procedures are in place to avoid a  
1595 conflict of interest in patient referral; and (4) certificate of need  
1596 authorization is justified in accordance with [sections 19a-637 to 19a-  
1597 639, inclusive] chapter 368z. The commissioner may contract with any  
1598 person, including, but not limited to, financial or actuarial experts or  
1599 consultants, or legal experts with the approval of the Attorney General,  
1600 to assist in reviewing the completed application. The commissioner  
1601 shall submit any bills for such contracts to the purchaser. Such bills  
1602 shall not exceed one hundred fifty thousand dollars. The purchaser

1603 shall pay such bills no later than thirty days after the date of receipt of  
1604 such bills.

1605 Sec. 35. Section 19a-487a of the general statutes is repealed and the  
1606 following is substituted in lieu thereof (*Effective October 1, 2010*):

1607 Any additional mobile field hospital beds and related equipment  
1608 obtained for the purpose of enhancing the state's bed surge capacity or  
1609 providing isolation care under the state's public health preparedness  
1610 planning and response activities shall be exempt from the provisions  
1611 of [subdivision (2) of] subsection (a) of section 19a-638, as amended by  
1612 this act.

1613 Sec. 36. Section 19a-643 of the 2010 supplement to the general  
1614 statutes is repealed and the following is substituted in lieu thereof  
1615 (*Effective October 1, 2010*):

1616 (a) The Department of Public Health shall adopt regulations, in  
1617 accordance with the provisions of chapter 54, to carry out the  
1618 provisions of sections 19a-630 to 19a-639e, inclusive, as amended by  
1619 this act, and sections 19a-644, as amended by this act, and 19a-645, as  
1620 amended by this act, concerning the submission of data by health care  
1621 facilities and institutions, including data on dealings between health  
1622 care facilities and institutions and their affiliates, and, with regard to  
1623 requests or proposals pursuant to sections 19a-638 [and 19a-639] to  
1624 19a-639e, inclusive, as amended by this act, by state health care  
1625 facilities and institutions, the ongoing inspections by the office of  
1626 operating budgets that have been approved by the health care facilities  
1627 and institutions, standard reporting forms and standard accounting  
1628 procedures to be utilized by health care facilities and institutions and  
1629 the transferability of line items in the approved operating budgets of  
1630 the health care facilities and institutions, except that any health care  
1631 facility or institution may transfer any amounts among items in its  
1632 operating budget. All such transfers shall be reported to the office  
1633 within thirty days of the transfer or transfers.

1634 (b) The Department of Public Health may adopt such regulations, in  
1635 accordance with the provisions of chapter 54, as are necessary to  
1636 implement this chapter.

1637 [(c) The regulations adopted by the Department of Public Health  
1638 concerning requests or proposals pursuant to section 19a-639 shall  
1639 include a fee schedule for certificate of need review under section 19a-  
1640 639. The fee schedule shall (1) contain a minimum filing fee for all  
1641 applications under said section 19a-639, (2) be based on a percentage of  
1642 the requested authorization in addition to the minimum filing fee, and  
1643 (3) apply to new requests and requests for modification of prior  
1644 decisions if the modification request has a proposed additional cost of  
1645 one hundred thousand dollars or more beyond the original  
1646 authorization amount, or if the modification request aggregated with  
1647 any other prior modification requests totals one hundred thousand  
1648 dollars or more. The fee schedule shall be reviewed annually and  
1649 adjusted as necessary.]

1650 Sec. 37. Section 19a-681 of the general statutes is repealed and the  
1651 following is substituted in lieu thereof (*Effective October 1, 2010*):

1652 (a) Each hospital shall file with the office its current pricemaster  
1653 which shall include each charge in its detailed schedule of charges.

1654 (b) If the billing detail by line item on a patient bill does not agree  
1655 with the detailed schedule of charges on file with the office for the date  
1656 of service specified on the bill, the hospital shall be subject to a civil  
1657 penalty of five hundred dollars per occurrence payable to the state not  
1658 later than fourteen days after the date of notification. The penalty shall  
1659 be imposed in accordance with [subsections (b) to (e), inclusive, of]  
1660 section 19a-653, as amended by this act. The office may issue an order  
1661 requiring such hospital, not later than fourteen days after the date of  
1662 notification of an overcharge to a patient, to adjust the bill to be  
1663 consistent with the schedule of charges on file with the office for the  
1664 date of service specified on the patient bill.

1665       Sec. 38. Section 51-344b of the general statutes is repealed and the  
1666       following is substituted in lieu thereof (*Effective October 1, 2010*):

1667       Whenever the term "judicial district of Hartford" is used or referred  
1668       to in the following sections of the general statutes, the term "judicial  
1669       district of New Britain" shall be substituted in lieu thereof: Subsection  
1670       (b) of section 3-70a, sections 3-71a and 4-164, subsection (c) of section 4-  
1671       183, subdivision (4) of subsection (g) of section 10-153e, subparagraph  
1672       (C) of subdivision (4) of subsection (e) of section 10a-109n, sections 12-  
1673       3a, 12-89, 12-103, 12-208, 12-237, 12-242hh, 12-242ii, 12-242kk, 12-268l,  
1674       12-307, 12-312, 12-330m, 12-405k, 12-422, 12-448, 12-454, 12-463, 12-489,  
1675       12-522, 12-554, 12-586g and 12-597, subsection (b) of section 12-638i,  
1676       sections 12-730, 14-57, 14-66, 14-195, 14-324, 14-331 and 19a-85,  
1677       subsection (f) of section 19a-332e, [subsection (d) of section 19a-653,]  
1678       sections 20-156, 20-247, 20-307, 20-373, 20-583 and 21a-55, subsection  
1679       (e) of section 22-7, sections 22-320d and 22-386, subsection (e) of section  
1680       22a-6b, section 22a-30, subsection (a) of section 22a-34, subsection (b) of  
1681       section 22a-34, section 22a-182a, subsection (f) of section 22a-225,  
1682       sections 22a-227, 22a-344, 22a-374, 22a-408 and 22a-449g, subsection (f)  
1683       of section 25-32e, section 29-158, subsection (f) of section 29-161z,  
1684       sections 36b-30 and 36b-76, subsection (f) of section 38a-41, section 38a-  
1685       52, subsection (c) of section 38a-150, sections 38a-185, 38a-209 and 38a-  
1686       225, subdivision (3) of section 38a-226b, sections 38a-241, 38a-337 and  
1687       38a-657, subsection (c) of section 38a-774, section 38a-776, subsection  
1688       (c) of section 38a-817 and section 38a-994.

1689       Sec. 39. Subsections (b) to (d), inclusive, of section 33-182bb of the  
1690       2010 supplement to the general statutes are repealed and the following  
1691       is substituted in lieu thereof (*Effective October 1, 2010*):

1692       (b) Any medical foundation organized on or after July 1, 2009, shall  
1693       file a copy of its certificate of incorporation and any amendments to its  
1694       certificate of incorporation with the Office of Health Care Access  
1695       division of the Department of Public Health not later than ten business  
1696       days after the medical foundation files such certificate of incorporation

1697 or amendment with the Secretary of the State pursuant to chapter 602.

1698 (c) Any medical group clinic corporation formed under chapter 594  
1699 of the general statutes, revision of 1958, revised to 1995, which amends  
1700 its certificate of incorporation pursuant to subsection (a) of section 33-  
1701 182cc, shall file with the Office of Health Care Access division of the  
1702 Department of Public Health a copy of its certificate of incorporation  
1703 and any amendments to its certificate of incorporation, including any  
1704 amendment to its certificate of incorporation that complies with the  
1705 requirements of subsection (a) of section 33-182cc, not later than ten  
1706 business days after the medical foundation files its certificate of  
1707 incorporation or any amendments to its certificate of incorporation  
1708 with the Secretary of the State.

1709 (d) Any medical foundation, regardless of when organized, shall file  
1710 notice with the Office of Health Care Access division of the  
1711 Department of Public Health and the Secretary of the State of its  
1712 liquidation, termination, dissolution or cessation of operations not later  
1713 than ten business days after a vote by its board of directors or  
1714 members to take such action. Not later than ten business days after  
1715 receiving a written request from the [Office of Health Care Access]  
1716 office, a medical foundation shall provide the [Office of Health Care  
1717 Access] office with a statement of its mission and a description of the  
1718 services it provides, and a description of any significant change in its  
1719 services during the preceding year as reported on the medical  
1720 foundation's most recently filed Internal Revenue Service return of  
1721 organization exempt from income tax form, or any replacement form  
1722 adopted by the Internal Revenue Service.

1723 Sec. 40. Subsection (d) of section 19a-644 of the 2010 supplement to  
1724 the general statutes is repealed and the following is substituted in lieu  
1725 thereof (*Effective October 1, 2010*):

1726 (d) The [Office of Health Care Access] office shall require each  
1727 hospital licensed by the Department of Public Health, that is not  
1728 subject to the provisions of subsection (a) of this section, to report to

1729 said office on its operations in the preceding fiscal year by filing copies  
1730 of the hospital's audited financial statements. Such report shall be due  
1731 at [said] the office on or before the close of business on the last  
1732 business day of the fifth month following the month in which a  
1733 hospital's fiscal year ends.

1734 Sec. 41. Section 19a-673c of the general statutes is repealed and the  
1735 following is substituted in lieu thereof (*Effective October 1, 2010*):

1736 On or before March 1, 2004, and annually thereafter, each hospital  
1737 shall file with the [Office of Health Care Access] office a debt collection  
1738 report that includes (1) whether the hospital uses a collection agent, as  
1739 defined in section 19a-509b, to assist with debt collection, (2) the name  
1740 of any collection agent used, (3) the hospital's processes and policies  
1741 for assigning a debt to a collection agent and for compensating such  
1742 collection agent for services rendered, and (4) the recovery rate on  
1743 accounts assigned to collection agents, exclusive of Medicare accounts,  
1744 in the most recent hospital fiscal year.

1745 Sec. 42. Subsection (a) of section 19a-25h of the 2010 supplement to  
1746 the general statutes is repealed and the following is substituted in lieu  
1747 thereof (*Effective October 1, 2010*):

1748 (a) There is established a health information technology and  
1749 exchange advisory committee. The committee shall consist of twelve  
1750 members as follows: The Lieutenant Governor; three appointed by the  
1751 Governor, one of whom shall be a representative of a medical research  
1752 organization, one of whom shall be an insurer or representative of a  
1753 health plan, and one of whom shall be an attorney with background  
1754 and experience in the field of privacy, health data security or patient  
1755 rights; two appointed by the president pro tempore of the Senate, one  
1756 of whom shall have background and experience with a private sector  
1757 health information exchange or health information technology entity,  
1758 and one of whom shall have expertise in public health; two appointed  
1759 by the speaker of the House of Representatives, one of whom shall be a  
1760 representative of hospitals, an integrated delivery network or a



1761 hospital association, and one of whom who shall have expertise with  
1762 federally qualified health centers; one appointed by the majority leader  
1763 of the Senate, who shall be a primary care physician whose practice  
1764 utilizes electronic health records; one appointed by the majority leader  
1765 of the House of Representatives, who shall be a consumer or consumer  
1766 advocate; one appointed by the minority leader of the Senate, who  
1767 shall have background and experience as a pharmacist or other health  
1768 care provider that utilizes electronic health information exchange; and  
1769 one appointed by the minority leader of the House of Representatives,  
1770 who shall be a large employer or a representative of a business group.  
1771 The Commissioners of Public Health, Social Services [,] and Consumer  
1772 Protection, [and the Office of Health Care Access,] the Chief  
1773 Information Officer, the Secretary of the Office of Policy and  
1774 Management and the Healthcare Advocate, or their designees, shall be  
1775 ex-officio, nonvoting members of the committee.

1776 Sec. 43. Subdivision (1) of subsection (a) of section 19a-673 of the  
1777 general statutes is repealed and the following is substituted in lieu  
1778 thereof (*Effective October 1, 2010*):

1779 (1) "Cost of providing services" means a hospital's published  
1780 charges at the time of billing, multiplied by the hospital's most recent  
1781 relationship of costs to charges as taken from the hospital's most  
1782 recently available annual financial filing with the [Office of Health  
1783 Care Access] office.

1784 Sec. 44. Section 19a-669 of the general statutes is repealed and the  
1785 following is substituted in lieu thereof (*Effective October 1, 2010*):

1786 Effective October 1, 1993, and October first of each subsequent year,  
1787 the Secretary of the Office of Policy and Management shall determine  
1788 and inform the [Office of Health Care Access] office of the maximum  
1789 amount of disproportionate share payments and emergency assistance  
1790 to families eligible for federal matching payments under the medical  
1791 assistance program pursuant to federal statute and regulations and  
1792 subdivisions (2) and (28) of subsection (a) of section 12-407,

1793 subdivision (1) of section 12-408, subdivision (5) of section 12-412,  
 1794 section 12-414, section 19a-649 and this section and the actual and  
 1795 anticipated appropriation to the medical assistance disproportionate  
 1796 share-emergency assistance account authorized pursuant to sections 3-  
 1797 114i and 12-263a to 12-263e, inclusive, as amended by this act,  
 1798 subdivisions (2) and (29) of subsection (a) of section 12-407,  
 1799 subdivision (1) of section 12-408, section 12-408a, subdivision (5) of  
 1800 section 12-412, subdivision (1) of section 12-414 and sections 19a-646,  
 1801 19a-659, 19a-662, 19a-669 to 19a-670a, inclusive, as amended by this act,  
 1802 19a-671, 19a-671a, 19a-672, 19a-672a, 19a-673, as amended by this act,  
 1803 and 19a-676, and the amount of emergency assistance to families'  
 1804 payments to eligible hospitals projected for the year, and the  
 1805 anticipated amount of any increase in payments made pursuant to any  
 1806 resolution of any civil action pending on April 1, 1994, in the United  
 1807 States district court for the district of Connecticut. The Department of  
 1808 Social Services shall inform the office of any amount of  
 1809 uncompensated care which the Department of Social Services  
 1810 determines is due to a failure on the part of the hospital to register  
 1811 patients for emergency assistance to families, or a failure to bill  
 1812 properly for emergency assistance to families' patients. If during the  
 1813 course of a fiscal year the Secretary of the Office of Policy and  
 1814 Management determines that these amounts should be revised, said  
 1815 secretary shall so notify the office and the office may modify its  
 1816 calculation pursuant to section 19a-671 to reflect such revision and its  
 1817 orders as it deems appropriate and the Commissioner of Social  
 1818 Services may modify said commissioner's determination pursuant to  
 1819 section 19a-671.

1820 Sec. 45. Subsection (b) of section 19a-122c of the 2010 supplement to  
 1821 the general statutes is repealed and the following is substituted in lieu  
 1822 thereof (*Effective October 1, 2010*):

1823 (b) On or before September 30, 2011, such pilot program shall  
 1824 comply with the provisions of sections 19a-638, as amended by this act,  
 1825 and [19a-639] 19a-639a, as amended by this act.

1826        Sec. 46. Sections 19a-2b and 19a-637a of the general statutes are  
1827        repealed. (*Effective October 1, 2010*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	19a-630
Sec. 2	<i>October 1, 2010</i>	19a-630a
Sec. 3	<i>October 1, 2010</i>	19a-634
Sec. 4	<i>October 1, 2010</i>	19a-637
Sec. 5	<i>October 1, 2010</i>	19a-638
Sec. 6	<i>October 1, 2010</i>	19a-639
Sec. 7	<i>October 1, 2010</i>	19a-639a
Sec. 8	<i>October 1, 2010</i>	19a-639b
Sec. 9	<i>October 1, 2010</i>	19a-639c
Sec. 10	<i>October 1, 2010</i>	19a-639e
Sec. 11	<i>October 1, 2010</i>	19a-653
Sec. 12	<i>October 1, 2010</i>	4-67x(a)
Sec. 13	<i>October 1, 2010</i>	12-263a(4) and (5)
Sec. 14	<i>October 1, 2010</i>	17a-22j(b)(11)
Sec. 15	<i>October 1, 2010</i>	17a-678
Sec. 16	<i>October 1, 2010</i>	17b-234
Sec. 17	<i>October 1, 2010</i>	17b-240
Sec. 18	<i>October 1, 2010</i>	17b-352(g)
Sec. 19	<i>October 1, 2010</i>	17b-353(a)
Sec. 20	<i>October 1, 2010</i>	17b-353(e)
Sec. 21	<i>October 1, 2010</i>	17b-354(j)
Sec. 22	<i>October 1, 2010</i>	17b-356
Sec. 23	<i>October 1, 2010</i>	19a-7(b)
Sec. 24	<i>October 1, 2010</i>	19a-493b(b) and (c)
Sec. 25	<i>October 1, 2010</i>	19a-499(a)
Sec. 26	<i>October 1, 2010</i>	19a-509b(c)
Sec. 27	<i>October 1, 2010</i>	4-101a
Sec. 28	<i>October 1, 2010</i>	19a-645
Sec. 29	<i>October 1, 2010</i>	19a-654
Sec. 30	<i>October 1, 2010</i>	38a-553(c)
Sec. 31	<i>October 1, 2010</i>	19a-485(a)
Sec. 32	<i>October 1, 2010</i>	19a-486a(b) and (c)
Sec. 33	<i>October 1, 2010</i>	19a-486b
Sec. 34	<i>October 1, 2010</i>	19a-486d(a)

Sec. 35	<i>October 1, 2010</i>	19a-487a
Sec. 36	<i>October 1, 2010</i>	19a-643
Sec. 37	<i>October 1, 2010</i>	19a-681
Sec. 38	<i>October 1, 2010</i>	51-344b
Sec. 39	<i>October 1, 2010</i>	33-182bb(b) to (d)
Sec. 40	<i>October 1, 2010</i>	19a-644(d)
Sec. 41	<i>October 1, 2010</i>	19a-673c
Sec. 42	<i>October 1, 2010</i>	19a-25h(a)
Sec. 43	<i>October 1, 2010</i>	19a-673(a)(1)
Sec. 44	<i>October 1, 2010</i>	19a-669
Sec. 45	<i>October 1, 2010</i>	19a-122c(b)
Sec. 46	<i>October 1, 2010</i>	Repealer section

**Statement of Purpose:**

To amend various statutes concerning the certificate of need process.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*